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FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN ARMENIA*

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for a country programme with a duration of two years or less that supports activities in a country where a full-length country programme recommendation is under preparation. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Armenia	2 000 000	2 000 000	1993-1994

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

ARMENIA

Basic data (1991 unless otherwise stated)

Child population (millions, 0-15 years) (1989-1990)	1.0 a/
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	35 a/
Underweight (%, moderate and severe	..
Maternal mortality rate (per 100,000 live births) (1989)	35 a/
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	$2,150 b/

One-year-olds fully immunized against:

tuberculosis:	.. per cent
diphtheria/pertussis/tetanus:	.. per cent
measles:	92 per cent a/
poliomyelitis:	96 per cent a/

Pregnant women immunized against:

tetanus:	.. per cent

a/ Data from The State of the World's Children 1993.

b/ World Bank data.

The situation of children and women

1. The political and economic turmoil associated with the disintegration of the Soviet Union and the birth of the independent Republic of Armenia on 21 September 1991 added further hardships to a population already hard pressed to cope with the aftermath of the disastrous earthquake of December 1988 and armed conflict with Azerbaijan over the disputed enclave of Nagorno-Karabakh. These events have made hundreds of thousands of refugees and homeless persons dependent on the support of an increasingly impoverished Government.

2. A blockade of Armenia by neighbouring countries, together with ethnic clashes in Georgia, have cut off oil and gas supplies and interrupted normal lines of communications to and from Russia and Armenia's other trading partners among republics of the former Soviet Union. There are few regularly scheduled flights from abroad to the Armenian capital of Yerevan. Thus, this land-locked country of 3.3 million people finds itself isolated, its industry strangled and three quarters of its non-farm workforce idle or jobless. Last winter, the

country faced a full-fledged emergency. It is running dangerously short of essential supplies of food and energy for a swelling number of vulnerable children, women, the aged and infirm. It is estimated that nearly three quarters of the population are living below the poverty line.

The trials of transition

3. Armenia is committed to pursuing a democratic system of Government and a free market economy, but the transition, difficult enough in other parts of the former Soviet Union, is beset by added burdens. Parallel markets are controlled by special interests which deal in high-priced food and consumer goods. Industry is still mainly State-owned, while agriculture is mainly privatized. Safety net provisions are undermined by the economic stagnation that erodes the government taxation base, leaving social security funds in deficit and vulnerable groups, including refugees, seriously underserved. Health care and education remain free, but medicines, vaccines and equipment - all of which must be imported - are scarce or unavailable at affordable prices. Pensions, unemployment relief and benefits for children and the handicapped exist, but payments are often late or below official levels.

4. In October 1992, the Government doubled payments for the 1.3 million dependent children under 18 years of age (500,000 of these aged 0 to 6 years), including refugees. The minimum pension/family relief is 1,200 roubles ($3 at the 1992 exchange rate) per month. Added to this are the child benefits of 410 roubles per month for each of the first two children, and a small addition thereafter. For comparison, 410 roubles would currently buy a child an egg a day for a month and the bread ration for less than two weeks. With production levels down by 80 per cent and the taxes collected greatly reduced, the funds for family benefits and other government budgets are in serious deficit. So far, credits from Russia have made up this and other government deficits. Armenia at present owes Russia some 80 billion roubles.

5. With scarcities of raw materials and energy supplies, the freeing of prices in 1992 simply meant a sharp increase in the prices of available consumer goods. In the first quarter of 1992, the prices of these goods were nearly seven times higher than they were in the first quarter of 1991, and inflation continues at the rate of 20 per cent or more monthly. Bread and a "basket" of basic consumer items are rationed at controlled prices. Eighty per cent of the population live in rent-controlled government housing. Even so, the current minimum individual income of 1,200 roubles (well below the State Statistics Office "survival level" for October 1992 of 2,624 roubles) is not enough to make ends meet. Families now spend three fourths of their income on essential food items.

6. According to the mayor of Spitak, a town devastated by the 1988 earthquake, many impoverished people simply do not pay their taxes, rent and utility bills, which, in turn, reduces the aid capacity of the municipality, reflecting the problem of the Government in miniature. Only one of the town's factories is still in operation. Only 15 per cent of the post-earthquake reconstruction promised by aid from Russia and other republics has been completed. The sight of half-finished buildings and idle machinery is common in Armenia. The main element of a $30 million World Bank programme being negotiated is intended for the completion of construction that is well advanced, but halted for lack of materials and fuel.

The food shortage

7. In the best of times, Armenia used to import from other republics of the former Soviet Union up to 60 per cent of its meat and dairy products, and a significant percentage of wheat for bread, the dietary staple, and for cattle feed. Eighty per cent of state farms and collectives have been privatized, the highest rate in the former Soviet Union, but farmers do not have fuel for machinery and transport to markets, fertilizers, cattle feed and other essential inputs. Nevertheless, the rural population in heavily urban Armenia is generally better-off in terms of food, heating (by wood fuel) and income than their urban population.

8. According to the Ministry of Agriculture, the country needed to import three quarters of its total 1992 wheat needs, or some 930 000 metric tonnes. Mainly because of the blocked supply lines, at the end of 1992 there was a shortfall of wheat supplies on the order of 400,000 metric tonnes. Cattle were slaughtered wholesale by farmers who had no feed to get them through the winter. In the past year, donors have provided modest amounts of powdered milk for schools, hospitals, institutions for the handicapped and the elderly. With the food situation deteriorating, the Ministry of Labour and Social Affairs proposed to open public kitchens to serve free meals to the neediest during the winter, mainly pensioners.

Effects on mothers and children

9. Obviously, the lowering of Armenians' nutrition level affects children and mothers in particular. A declining trend in breast-feeding also has affected infant nutrition. Today, only 40 per cent of mothers breast-feed their children until the fourth month of age. In the earthquake zone, the percentage of mothers who breast-feed their children is reported to be even lower. Children from these areas, as well as refugee children, also suffer from depression, emotional disturbances and traumatic neuroses due to the nightmarish experiences they have endured. Diarrhoea and upper respiratory ailments are the most prevalent health problems among children.

10. Progressive social legislation provides generous entitlements to employed women. As of 1991, women are entitled to 72 days paid leave before and 56 days after giving birth. They also can take a two-year leave at half pay and a further year without pay and still reclaim their jobs. "Idle" workers whose factories have closed down for lack of energy or raw materials are entitled to two thirds of their pay, although they do not always receive it. Refugees, whose pensions and benefits were the responsibility of Azerbaijan, are given the same entitlements as Armenian citizens.

Refugees and earthquake victims

11. Armenia now shelters nearly 300,000 refugees who fled the violence in the Nagorno-Karabakh region. This number represents some 10 per cent of the country's population. The majority of the refugees came in 1988, joined by another influx of 40,000 in 1991. The State Committee for Refugees considers that 71,000 refugees live in very poor conditions in community buildings and temporary shelters without heat, adequate winter clothing, blankets and bedding. During the winter months, when temperatures fell to -20 degrees Centigrade, many

children and elderly people died of malnutrition and the cold. Relief for the refugees is being provided by the Federation of Red Cross Societies and the Armenian Red Cross, in cooperation with the Government. The Federation has built a warehouse facility of more than 1,000 square metres for the Armenian Red Cross (potentially available for UNICEF too), and the Ministry of Transport is providing trucks for distribution.

12. Armenia also must provide assistance to thousands of people who are still in need of housing after the 1988 earthquake, in which approximately 25,000 people died, 32,000 were injured and 500,000 became homeless. Twenty per cent of the Republic's housing was destroyed, along with hundreds of schools and health facilities, 130 manufacturing plants and numerous agricultural processing units. The total loss has been estimated at billions of dollars. The disastrous earthquake has set Armenia's economic development back by many years.

A health system stretched to the limit

13. Armenia's health system has long been rated as good, although not up-to-date with medical advances in western countries. An enrolment rate in medical schools of 1,600 per year is swelling the doctor-patient ratio. Because two thirds of the population is urban, there are few village or rural health units. In 1990, a total of 168 outpatient units and polyclinics were available for children.

14. Infant mortality is caused mainly by asphyxia at birth because of poor case management at delivery and other perinatal problems, which may be minimized by the improvement of screening procedures to identify high-risk pregnancies and by better care during pregnancy and delivery. Neonatal tetanus disappeared 20 years ago owing to institutional deliveries and immunization.

15. Immunization levels in 1989 were reported as 96 per cent for polio, 92 per cent for measles and 88 per cent for combined diphtheria/pertussis/tetanus. The power cuts affect both cold-chain and sterilization equipment, especially at the 2,820 immunization delivery points. Freezers, cold boxes and vaccine carriers are not available anywhere. Twelve cases of poliomyelitis were reported in 1990, where previously none had been reported. Stocks of vaccines are low and must be replenished to maintain standards. There have been no significant outbreaks of other vaccine-preventable diseases, but the immunization programme is still fragile because of natural and man-made disasters, and the system requires vigilance. No cases of acquired immune deficiency syndrome have been recorded.

16. Acute respiratory infections (ARI) and diarrhoeal diseases are the most frequently reported health problems for young children. Oral rehydration salts are used, but they are in short supply. Salmonella and dysenteric infections among the young constitute an important public health problem. Endemic goitre and anaemia caused by iron deficiency have been recorded in a number of mountain districts. A team from the United States Center for Disease Control and Prevention is currently monitoring child nutrition.

17. Foreign aid agencies regard the Ministry of Health as the most efficient arm of the Government, an estimation borne out in the practical cooperation the Ministry of Health has offered to UNICEF. But the health network suffers from

the nationwide lack of fuel and energy; the economic blockade that cut off essential supplies; the added burden of refugee requirements; the isolation from technical progress; and the inadequacy of managerial systems that plague the rest of Armenian public life.

The situation of women

18. There are very few Armenian non-governmental organizations (NGOs). The Women's Council of Armenia began in 1987 as an NGO, and has since acquired parastatal status, with 48 branches. It monitors the status of women in difficult circumstances, such as widows and single parents with large families, and maintains a list of the neediest cases, including refugees. The Council lobbies for women's rights, notably, the adoption by the Government of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women and the United Nations Convention on the Rights of the Child. It will play a lead role in 1994, which has been designated by the United Nations as the Year of the Family.

19. A new constitution was to be presented to Parliament in January 1993, and the President of Armenia has confirmed his desire to have the Convention ratified as soon as possible.

20. Women bear a heavy load in Armenia. Although one half of the people completing higher education are women, nearly three quarters of the unemployed non-farm workers are women. The problems of caring for their families in the face of reduced incomes, shortages of affordable food and the cold of unheated homes takes its toll in stress and illness. The closing of the schools in winter has meant leaving the children of working women unattended, without the activities organized in summer.

21. Armenian women have limited access to contraceptives and little information on family planning. No United Nations Population Fund (UNFPA)-assisted programme has been initiated. There is a high rate of abortions, but the general abundance of medical staff has succeeded in keeping maternal mortality rates fairly stable. The fertility rate is 2.6 children per woman.

22. Women have less parliamentary representation now than before independence. There are only seven women deputies in the 260-member Parliament, compared to 30 per cent in the legislature when Armenia was a Soviet republic.

The education sector

23. Armenia had the highest percentage of university graduates among the republics of the former Soviet Union. The education sector continues to function, although it is severely affected by the ongoing crises. Attendance at primary and secondary schools is compulsory and enrolment is 100 per cent of the age-group. The enrolment rate for kindergarten is 40 per cent. Lack of fuel for heating has forced authorities to close public schools as of 15 December 1992 for three months; instead, pupils will spend the summer months in school. The shortage of food already affect student performance, the Ministry of Education reports, and one half the pupils between 3 and 17 years of age are suffering from varying degrees of psychological stress due to this and other factors. Education is free, but supplies are not. Textbooks and

notepads, traditionally imported from Russia, can make a significant dent in the family budget. There are no school lunches or snacks, where previously they were free or subsidized. Where refugees are concentrated, schools have been on a double shift. Teacher's salaries of between 1,000 and 2,000 roubles per month are below the poverty line.

Other constraints

24. Electricity is provided for between 8 and 12 hours per day, depending on the district. This affects social institutions, hospitals, health care centres and clinics, as well as homes, offices and enterprises. The institutions that have generators often cannot find or afford the necessary fuel. Lines of customers queuing for bread were a common sight until rationing (250 grams per day per person) was introduced in November 1992. Crowds waiting for buses, which now operate at one half of their normal frequency due to the scarcity of fuel, are seen everywhere in the capital. Along highways in the country, people try to flag down the few passing cars.

25. Such frustrations have disillusioned the populace with the political process. Opinion polls show that 70 per cent do not support any party. Some 21,000 persons emigrated in 1991, and the exodus continues. Armenia has the advantage of being a homogeneous society, with no significant dissident or minority elements. The internal political and social scene is relatively stable.

Emergency relief needs for children and mothers

26. As conditions for vulnerable groups in Armenia continued to deteriorate, the United Nations Department of Humanitarian Affairs requested UNICEF and other United Nations agencies (the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), the World Food Programme (WFP) and the Food and Agriculture Organization of the United Nations) in November 1992 to provide humanitarian aid and relief items on an emergency basis. UNICEF, in response to the emergency, aims to assist at least some of the 500,000 children in the country between 0 and 6 years of age, as well as pregnant women. Refugee children from the Nagorno-Karabakh conflict total 17,500, who are being given priority, together with 3,000 orphans and several thousand single-parent families still suffering from the aftermath of the 1988 earthquake. There are immediate needs for blankets, clothing, weaning food, vaccines, syringes and needles and essential drugs for hospitals and maternities, as well as emergency kits for rural polyclinics and outpatient clinics. These needs were identified in consultation with officials from the Ministries of Health, Labour and Social Security and Education and the Women's Council and staff of aid agencies at work in Armenia.

Recommended programme cooperation, 1993-1994

Estimated expenditure

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Emergency maternal and child health	1 100	800	1 900
Health and nutrition	400	500	900
Education	150	600	750
Research, monitoring and evaluation	100	100	200
Programme support	250	-	250
Total	2 000	2 000	4 000

27. The main thrust of the first programme of cooperation between UNICEF and Armenia will be to prevent any deterioration in the survival and development prospects of children in this period of rapid political, economic and social transition. A priority will be to protect the considerable advances made in the fields of child health and education, and to bolster the social infrastructure where it appears weakest. Assistance will be carefully targeted to reach the most vulnerable children - victims of conflict, of poverty or of the devastating earthquake, which left 15 per cent of the population homeless in 1988. Underlying the programme thrust is a belief that the principle of a "first call" for children is inherent in Armenian society, and that modest amounts of well-focused assistance, delivered in close cooperation with national and international partners, will lead to the realization of the programme targets.

28. To begin with, the programme will employ an emergency strategy. Every year, Armenia is gripped by a severe winter, which is at its coldest between December and March. With an almost total absence of heating fuel, a serious shortage of food and insufficient money in most families for warm clothing, the very survival of vulnerable children is threatened. Therefore, the initial phase of the programme will aim at preventing death and disease, primarily among children under five years of age, in the populations most at risk. Working with partners and appropriate distribution networks, the emphasis will be on ensuring that supplies of baby food, essential drugs, vaccines and winter clothing reach the children who are in greatest need.

29. The early urgent assistance phase will be followed by work in laying the basis for longer-term cooperation in child development. Of particular importance will be the undertaking of action-oriented research to determine the exact nature of the causal factors underlying the main health and social problems affecting children in the country. This will not only establish the

basis for a more development-oriented programme of cooperation in the future, but will also have the effect of orienting the public health system and social services in general towards the kind of low-cost, but highly effective, interventions advocated world wide by UNICEF. Closely related to this will be the promotion of systems to monitor the changing conditions of children and how they are affected by the economic, political and security situations. A central focus of the programme in the bridging phase will be support for the development of a national programme of action with clearly defined goals and priorities, as well as the identification and mobilization of the necessary human, financial and institutional resources which will be required for implementation.

30. The effective implementation of the new programme will require close collaboration with other agencies and development organizations, particularly with the Office of the new United Nations Coordinator in Yerevan, where UNICEF staff will be based, and also with WHO. National and international NGOs will also play important supporting roles.

Health and nutrition

31. Quality and coverage of maternal and child health (MCH) services. Assistance in MCH will begin with an immediate provision of essential supplies to alleviate serious shortages, with the aim of reaching 50,000 children under five years of age. Pre-packed emergency drugs and medical supplies will be airfreighted to Armenia to help combat the immediate threats to their survival and to sustain basic MCH services. Distribution will be coordinated by the Ministry of Health, with priority going to areas where refugees, displaced persons, earthquake victims and other high-risk groups are concentrated. Meanwhile, a longer-term distribution plan for essential drugs and basic medical supplies will also be put into place to respond to future needs. Support will be provided to the Ministry of Health and to the Department of Living Standards and Social Problems of the State Statistical Administration to carry out ongoing monitoring of the nutritional status of displaced and refugee children. The availability and use of basic health services by these "at-risk" groups will also be monitored, and assistance for regular testing of the quality of the water supply in emergency areas will also be provided.

32. In order to reduce child mortality and morbidity, operational studies will be carried out on the quality and coverage of selected services in Armenia, with a view to improving outreach and effectiveness. Among these will be the case management of respiratory infections and diarrhoeal diseases, as well as the prevention of anaemia and iodine deficiency disorders (IDD). The studies will lead to the development of practical action plans to control these health problems and to improve the quality and accessibility of services. UNICEF will provide technical assistance, in close cooperation with WHO. Other areas of collaboration with WHO will include support for training seminars, exchange visits with other countries facing similar problems and policy reviews on the expanded programme on immunization, the control of diarrhoeal diseases, ARI, safe motherhood and family planning. The improvement of the management information system will also be supported, particularly in terms of monitoring progress towards the goals of the World Summit for Children.

33. Immunization. Vaccination coverage has traditionally been high in Armenia. However, stocks of measles and polio vaccines are expected to run out in 1993,

and assistance will be provided to replenish these antigens in order to sustain coverage above 90 per cent of children under one year of age. This is particularly important in view of the reappearance of polio and diphtheria in 1990. While the upgrading of sterilization practices is a major concern, disposable syringes and needles will also be provided to ensure the continuous operation of sterilization equipment, despite power losses. Problems with the cold chain relate primarily to the frequent outages of electricity and the lack of cold boxes and vaccine carriers. A full assessment will be carried out during the programme period in order to clearly identify the precise areas which require improvement.

34. Breast-feeding. The rate of breast-feeding at four months of age has progressively decreased from 64 per cent in 1988 to 48 per cent in 1991. The main contributing factors cited by health professionals and women's leaders to explain this negative trend include the aftermath of the earthquake, the economic depression, the constant stress induced by the day-to-day difficulties of life and inadequate maternal nutrition. The 1993-1994 programme will concentrate on developing a positive attitude towards breast-feeding among health workers and public opinion leaders so that they may, in turn, pass on knowledge of the benefits of breast-feeding to mothers through the "baby-friendly" hospital initiative and other methods.

35. Safe motherhood. Abortion is practised widely as a family planning method in Armenia; contraceptives are not readily available, and none were purchased in 1992. This situation frequently leads to infertility and other gynaecological and obstetrical complications. During the course of the programme, a collaborative project will be worked out with UNFPA to study the situation more closely and to develop appropriate courses of action to address the situation.

36. Health education. To ensure that all families are equipped with the basics of primary health care, Facts for Life messages will be translated into Armenian and disseminated through health and educational institutions, the media and other channels. In this regard, UNICEF will support training seminars for health professionals, teachers and media personnel for the development of appropriate communications strategies.

37. Research. To enable the formulation of medium- and long-term development strategies for children, particularly in terms of reaching the goals of the World Summit for Children and implementing the Convention on the Rights of the Child, selected studies need to be undertaken in a number of areas to determine the underlying causes of various phenomena, patterns and trends of occurrence and identification of high-risk groups and geographical zones. The areas which need investigation include the incidence and causes of maternal mortality; abortion and the reproductive health of women; the epidemiology of main childhood infectious diseases, such as ARI, dysentery, poliomyelitis, diphtheria, measles and brucellosis, as well as IDD in endemic districts; the nutritional status of children affected by the emergency situation; and knowledge, attitude and practice studies on breast-feeding and family planning. UNICEF will work with both national and international agencies and research institutions, as appropriate, in the collection, analysis and use of information in these and other areas of concern.

38. Alleviation of post-traumatic stress syndrome. An estimated 50 per cent of schoolchildren in Armenia suffer from stress and depression brought on by the following factors: (a) the earthquake; (b) the conflict in Nagorno-Karabakh; (c) the conflict in the border areas; (d) the prevailing social, political and economic instability of the country; and (e) the insufficient availability of food. In order to address this situation, the Ministry of Education, in cooperation with the Department of Psychology at the State University, is proposing a national programme to alleviate the worst aspects of post-traumatic stress and depression among the more than 300,000 children who are believed to be affected.

39. It is planned to test schoolchildren scientifically, using an internationally developed protocol. This will reveal where counselling centres need to be established and what other kinds of interventions need to be made. It is envisaged that the wide-scale training of teachers and parents will take place and that the media, health professionals and psychologists will be mobilized to participate actively in the programme. The experience already gained in psychotherapeutic centres attached to schools in the earthquake zone will be valuable in developing the expanded programme.

40. UNICEF will provide a consultant to advise the Government on the development of the programme as well as equipment and appropriate software for processing data.

Education

41. Apart from the lack of heating fuel and the shortage of food and basic commodities, the blockade has also led to a shortage of textbooks, notepads and other classroom materials in the school system. Paper for these requirements normally comes from Russia, but because of the blockade, there is expected to be a substantial shortfall in essential learning and teaching materials in the next school year. Added to the other conditions of adversity, overall educational standards and student performance will be affected even further unless the problem is quickly addressed.

42. UNICEF will provide assistance for the provision of learning and teaching aids and other classroom materials to benefit approximately 300,000 preschool and primary schoolchildren.

Consultations with the donor community

43. A large number of aid agencies are represented in Armenia, and UNICEF has had consultations with most of their delegations or visiting groups. Previous reports prepared by UNHCR, WHO, WFP and the United Nations Development Programme were taken into consideration in the preparation of this recommendation. Future collaboration with other United Nations agencies is envisaged under the umbrella of the new United Nations coordinator leading the United Nations delegation in Armenia.

44. Large aid programmes have been initiated by the European Community; the United States Agency for International Development; the International Federation of Red Cross and Red Crescent Societies; and the national Red Cross Societies of France, the United Kingdom of Great Britain and Northern Ireland, Germany, the

Netherlands and Switzerland; the Cooperative for American Relief Everywhere, Inc. (CARE); the United States Peace Corps; Médecins sans frontières (Doctors Without Borders); Save the Children Fund (United Kingdom); Project Hope; the Governments of Canada, Denmark and Sweden; the Armenian Church in several countries; and others. Consultations continue in order to avoid duplication and to strengthen complementarity of programme components. Areas of joint activities have been identified. Future UNICEF missions, as well as local office operations, will emphasize this cooperation. The regular exchange of views and experience on logistics, supply lines and transport facilities will continue to take place, since Armenia's blockade has isolated its territory from neighbouring countries and the rest of the world.

Organizational and administrative structure

45. UNICEF activities and staff will be fully integrated into the new United Nations system, headed by the United Nations coordinator. Modalities of operational assistance within the United Nations system will be further determined in 1993, when the United Nations office will be fully functioning in Yerevan. One UNICEF international Professional, two national officers, one administrative and finance assistant, two secretaries and one driver will implement and monitor the two-year bridging operation. They will liaise with other United Nations agencies and donors to ensure close cooperation in sectors of mutual interest. Initially, UNICEF will also use the network of the Armenian Red Cross/Red Crescent to distribute relief supplies to refugee children and displaced persons. The Ministry of Social Security and the Women's Council will also be involved selectively in aid distribution. It can be expected that the UNICEF programme staff will need temporary strengthening during the programme preparation and implementation of the next cycle of cooperation. The country programme will be of a more regular nature once a basic agreement on cooperation between the Government of Armenia and UNICEF is signed. For the 1993-1994 programme of cooperation, costs for support staff will be covered by resources available for programme activities which are included in the sectoral breakdown of expenses.

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Azerbaijan	2 000 000	2 000 000	1993-1994

A summary of the recommendation follows.

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AZERBAIJAN

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Child population (millions, 0-15 years) (1989-1990)	2.4 a/
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	44 a/
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	29 a/
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	$1,670 b/

One-year-olds fully immunized against:

tuberculosis:	.. per cent
diphtheria/pertussis/tetanus:	.. per cent
measles:	91 per cent a/
poliomyelitis:	93 per cent a/

Pregnant women immunized against:

tetanus:	.. per cent

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a/ Data from The State of the World's Children 1993.

b/ World Bank data.

The situation of children and women

1. Azerbaijan is the southern most of the Caucasus republics, an Islamic country of 7.2 million people sparsely settled in the valleys and plains between mountains and the Caspian Sea, north of the Islamic Republic of Iran. More than 2 million people cluster in the sprawling seaside capital, Baku, an oil-producing centre since the 1870s and still the source of some 2 per cent of the petroleum pumped in the former Soviet Union. Azerbaijan's hopes for the future depend on oil, but today it suffers not only from the economic disruption and rampant inflation that besets other parts of the collapsed Soviet system, but also from a war with Armenia over Nagorno-Karabakh that has made 416,000 Azeri refugees and displaced persons dependent on government aid.

2. Azeris are an ancient Caucasian people who adopted the Turkish language when conquered by Seljuk Turks in the eleventh century. Language remains a strong tie between Azerbaijan and Turkey. Azeris have been ruled in relatively modern times by the Ottoman Empire, Russia and Persia; the present-day Islamic

Republic of Iran retains a sizeable Azeri population. A briefly independent Azerbaijan State formed in the chaos that followed the First World War joined Russia in 1920 and became a republic of the former Soviet Union in 1936. Nagorno-Karabakh was an autonomous mountainous region within Azerbaijan, but largely populated by Armenians, whose declaration of independence from Azerbaijan has set off the current conflict. Another ethnic and geographical anomaly is Nakhichewan, a part of Azerbaijan cut off by Armenia. Azerbaijan again declared its independence on 30 August 1991 after the breakup of the Union of Soviet Socialist Republics.

Potential wealth - present need

3. Although Azerbaijan possesses valuable oil, cotton and minerals, terms of trade within the Soviet system were far below world levels, and the living standard of Azeris ranked 14th among the 15 republics. More than a century of ill-controlled drilling for oil on land and offshore has ravaged the Baku environment. The republic has the worst air pollution of the former Soviet Union, more than three times higher than the national average. Predictably, it also has a high incidence of respiratory ailments.

4. Petroleum production by antiquated equipment has fallen by one half since the 1940s to between 11 million to 12 million metric tons per year, almost two thirds of which is said to be for national consumption, while a sizeable share continues to fulfil contracts with Russia at concessional prices. A huge investment will be required to bring the industry up to modern standards and realize its potential benefits for the well-being of Azeris. Western oil companies currently are negotiating concessions. Oil and the products of Baku's large refining capacity are now earning some hard currency and are used in barter deals for food and consumer goods, but details are difficult to obtain.

5. The present Government of the National Popular Front Party came to power in May 1992 after deposing the President. In elections the following month, it won a clear majority of the votes. It is a nationalist movement committed to political reforms, but Azerbaijan is the slowest of the former Soviet republics in the process of privatizing industry and farmland. In common with many other republics of the former Soviet Union, which for 70 years looked to Moscow for direction, Azerbaijan's leadership and middle-level management have to create new decision-making processes and attitudes. Old ways are slow to change.

6. The conclusion of earlier UNICEF survey missions and of other United Nations and non-governmental organizations (NGOs) that Azerbaijan needs urgent relief for vulnerable groups this winter has been confirmed, as has the need for medium-term support for the provision of basic medical supplies and infant food, which are in serious deficit. The country has so far received a relatively modest amount of external aid, which UNICEF assistance would complement.

7. Azerbaijan's role in the former Soviet economy was to produce oil and refined petroleum products, oil drilling equipment and cash crops, such as cotton and tobacco, which reduced the amount of land available for food. In turn, the country always relied on imports from the other republics of the former Soviet Union to meet requirements for grain, milk, meat and pharmaceutical products of all kinds. Today, the lack of foreign exchange, disrupted trade and transport arrangements, decreased industrial production and

rising unemployment and a massive influx of rural refugees that further reduces farm outputs combine to increase reliance on imports. Scarcities of commodities and cash, as well as the demands of the war, drive inflation and erode the few safety nets protecting the vulnerable.

Vulnerable groups, refugees and displaced persons

8. The most vulnerable, according to the State Refugee Commission, are some 216,000 displaced persons from the war zones within Azerbaijan, including the Nagorno-Karabakh enclave and its border areas. The displaced persons are not refugees, since they have never left their own country. Officials often refer to all uprooted families as "refugees". The distinction is nevertheless important in terms of government benefits and the history of their flight. The Office of the United Nations High Commissioner for Refugees (UNHCR) will assist both refugees and displaced persons. Some 250,000 Azeris who fled Armenia between 1988 and 1990 are refugees, and thus qualify for special assistance. Over 200,000 refugees have been resettled, many into the abandoned homes of a similar number of Armenian residents of cities and towns in Azerbaijan who took refuge in Armenia in those years.

9. Most of the displaced persons fled their homes, taking nothing with them, in mid-1992, during intensified fighting in Nagorno-Karabakh and around Susha and the Lechin Corridor, a four-kilometre-long strip secured by Armenian fighters to link the enclave to Armenia. More arrive each month as the battlefields shift. Many thousands of these Azeris live in deplorably crowded conditions in assorted community buildings. In Agjabadi, not far from Nagorno-Karabakh, for example, an estimated 18,000 displaced persons have converted a muddy field into a settlement of one-room shelters dug underground, roofed with branches and sod. The children of these families are poorly dressed and ill protected against the cold.

10. Some 42,000 Azeri displaced persons are children aged 0 to 5 years, 57,000 are 6 to 15 years of age and some 100,000 are women. Elderly men and women are in evidence, but in many instances, there is no father with these families, able-bodied adult males having joined the Azeri irregular forces or having been killed in the fighting. The State Refugee Commission reports that some 32,000 refugees who have not been placed in homes live in community facilities such as kindergartens and unheated summer youth camps.

11. While the State Refugee Commission registers refugees and displaced persons and helps to find them shelter, the State Humanitarian Aid Commission, composed of representatives of relevant ministries and chaired by a Deputy Prime Minister, is responsible for receiving and arranging for the distribution of all external assistance. In practice, some external aid groups have organized their own distribution. The main donors in 1992 were the European Community, the Islamic Republic of Iran, Turkey, the International Committee of the Red Cross (ICRC), Médecins sans frontières (Doctors Without Borders) (Belgium and France) and Project Provide Hope (a United States of America programme administered by the Cooperative for American Relief Everywhere, Inc. (CARE) that has distributed surplus medical supplies and rations from the situation between Iraq and Kuwait). The United States Congress has barred Azerbaijan, as a belligerent, from receiving aid from the American programme for the new independent States.

12. Foreign aid workers have reported some logistical problems in distribution, but the consensus is that aid is genuinely needed, that it does get to the intended beneficiaries (sometimes late) and that misuse is minimal.

The health sector

13. Azerbaijan's government per capita expenditure on health was for some years the lowest in the former Soviet Union. The infant mortality rate had been declining, but in all likelihood, the figure is higher today as a result of the precarious conditions faced by the 1992 influx of displaced persons and refugees from the Nagorno-Karabakh conflict. High rates of immunization of infants and young children, on a par with the record of the former Soviet Union, are reported by the Azerbaijan Ministry of Health.

14. Recent increases in the incidence of measles and diphtheria are attributed to interruptions in the vaccine supply. A serious outbreak of polio (182 cases confirmed in 1990) is disturbing and warrants further investigation and strengthening of the surveillance system. The country does not manufacture vaccines, all of which have to be imported. This has been greatly hindered by the disintegration of trade among the former Soviet republics and by the shortage of foreign exchange for imports.

15. Acute respiratory infections (ARI) led the list of diseases in children treated in Azerbaijan health institutions, accounting for 55 per cent of all infant deaths. In this connection, it must be noted that urban Azerbaijan, with its concentrations of petroleum and chemical industries, has by far the highest levels of air and water pollution of all the former Soviet republics, with levels in Baku, the capital, 40 per cent higher than in Moscow. These conditions promote allergies, asthma and other pollution-related problems.

16. Surprisingly, the levels of diarrhoeal diseases are below the average of the former Soviet Union. The country has had a good tradition of breast-feeding, which is now threatened by the conditions under which thousands of newly displaced persons and refugees are forced to live. Reasons for the common incidence of salmonella and shigella dysentery cases require careful study to indicate the appropriate corrective measures. Iodine deficiency disorders (IDD) have not been completely eradicated, despite addition of iodine to salt. The reasons why IDD remains endemic in certain mountainous districts also require investigation.

17. As yet, no cases of acquired immune deficiency syndrome (AIDS) have been reported, but 19 sero-positive cases of human immunodeficiency virus (HIV) were reported in 1992, 16 of which were in foreign students. The incidence of tuberculosis is declining, but remains high at 17 per 100,000 for pulmonary tuberculosis in 1991.

18. The rampant inflation in food prices on the free market, where many people must turn to find infant food and to supplement the meagre supplies in fixed-price shops, hits the nutritional status of the most vulnerable families hardest. Wages and State family benefits and pensions are below the poverty line for a high percentage of the population, which translates into a lower level of nutrition for children and reduced resistance to infections. These

factors are calamitous for destitute displaced persons from the combat zones who are often unable to collect safety net benefits or to find proper housing.

19. Health problems are not only technical, in the sense of shortages of drugs, vaccines and medical equipment and of knowledge of the latest medical processes; they are also managerial in that the system and leadership have long depended on Moscow for direction. With independence, new structures are being designed in all aspects of national life. The health sector, too, will be open to reform, to new surveys to investigate the validity of health and social statistics and to the development of new policies and strategies through a range of activities in which UNICEF can be of assistance.

Safety nets

20. Displaced families get a one-time payment of 500 roubles when they register for assistance. Because they have moved, displaced persons have difficulties collecting government family benefits and pensions. These include a minimum salary, which is also the basic pension, of 1,500 roubles per month. There are 1.2 million beneficiaries. Monthly child payments are 450 roubles per child (equivalent to about $1 in December 1992). If one parent dies, families with children continue to receive 80 per cent of the deceased's salary. Mothers with more than three children who have worked at least 10 years or are 45 years old can retire on full salary.

21. Mothers with 10 or more children are still honoured as "heroines" and get 150 per cent of their salary. There are more than 23,000 of these mothers in Azerbaijan. Azeri women have very limited access to counselling on child spacing and to contraceptives. Abortions are legal, but the country had the lowest rates of abortion and maternal mortality in the former Soviet Union.

22. These safety net measures are recognized as inadequate by the Ministry of Social Affairs, where officials compared the child benefit payments of 450 roubles per month with the cost of a child's winter coat, around 7,000 roubles, and shoes, close to 2,000 roubles. Refugees placed in shelters, boarding houses and summer camps live rent free. Some receive 40 roubles per person per month for food. A number of kitchens have been set up in Baku and other cities, where the neediest can get a free daily meal. These benefits are far from reaching most of the new displaced persons, however, who are mostly still in rural areas and towns, where they depend on the organized charity of local populations, who are themselves not well off.

23. According to the Ministry of Social Affairs, more than 80 per cent of Azeri pensioners live below the poverty line. The government estimate of an average consumer monthly budget for necessities in September was 3,400 roubles, while the minimum wage/pension, as noted above, is 1,500 roubles per month. The average salary of medium cadres is 2,000 to 3,000 roubles per month. Many breadwinners work at several jobs to make ends meet. The unemployed receive an extra 210 roubles for each child and an 80 roubles per month bread allowance. The social security system itself is in deficit, supported by credits from the National Bank, which in turn has difficulties because it is dependent on roubles.

24. Azerbaijan's economy has declined steadily and inflation has soared just as steadily since independence. The country's gross national product (GNP) is down by 30 per cent over last year's. The production of basic consumer goods and food decreased during the first nine months of 1992 by one third and one quarter, respectively, compared to 1991. The government-fixed prices for a "basket" of basic items has to be adjusted every few months. Average wages also tripled in 1992, but have not kept up with price increases. On 4 December 1992, for example, the fixed price of bread jumped from 8 roubles per kilo to 28 roubles per kilo overnight, and sugar, butter, cooking oil, petrol and other goods increased proportionately. Meat, fish, fruits and vegetables are plentiful on the free market, but prices are much higher. Imported infant formula sufficient for one week costs 200 roubles.

25. New minimum wage, pension and family benefit levels are expected in 1993, to be financed from a fund currently estimated at under 70 billion roubles that is fed by a levy on enterprises and agricultural cooperatives.

26. There are some 35,000 handicapped persons, over 13,000 of whom are under 16 years of age. Facilities are inadequate, and some 12,000 of these handicapped children are kept at home. Two institutions with a total of 605 beds, one home for the very young and one specialized high school for the handicapped are financed by the State from a budget of 2.5 million roubles per year. But according to the Ministry of Social Affairs, the cost of running one institution boarding 100 children was 1 million roubles for December 1992 alone. Two years ago, the budget for this institution was 400,000 roubles for the whole year. Médecins sans frontières (Belgium) is helping to maintain one of these institutions.

Education: a national priority

27. Education from nursery school through university is free for Azeris, and total enrolment in 1990 stood at 1.2 million. Education is compulsory for the eight years of primary school and junior secondary school. There are 4,326 primary schools in the Republic, serving a primary-school-age population of 545,000. A total of 150,000 children are enrolled in 2,200 nursery schools and kindergartens, or 10 per cent of rural and 40 per cent of urban children in that age group. Education takes 18 per cent of the national budget, second only to defence. The Ministry of Education claims that 100 per cent of the relevant age groups attend the 11 years of primary, junior secondary and full secondary or technical schooling. About 100,000 students attend higher-level institutions. The Red Crescent Society and the Ministry of Education give 20 hours of health education per year in each primary school.

28. An innovative rural day-care and preschool system operates in some rural areas, where small groups of children whose mothers are at work in the cotton fields or farms are taken care of in the home of a neighbouring mother. Some 22,000 children between one to six years of age are cared for in this way. School meals are provided up to the university level. On average, parents paid 8 roubles for a breakfast and 18 for a lunch for each child (as of November 1992).

29. For most of its existence as a Soviet republic, education in Azerbaijan was given in the Russian language. Now the system is attempting to shift to the

Azeri language, which presents problems for teachers trained to instruct in Russian. There is a shortage of pedagogical material in Azeri, compounding the lack of paper and textbooks, previously supplied from Russia. Toys for kindergartens are in very short supply. Teachers' salaries are 3,150 roubles per month, but are expected to double in 1993 in the race against inflation.

30. Educational opportunities for refugees who have settled since 1988/1989 in cities and towns are equal to those of ordinary families. Children of the recently arrived displaced persons, however, have a much harder time. Their education has been interrupted for months on end and many have been psychologically traumatized by their experiences. The authorities are concerned about this psychological damage, but have no facilities or experts for dealing with it. Often children of displaced persons are poorly clothed, live in squatter camps some distance from schools and must share books when there are not enough even for the regular students of their schools.

31. According to the Ministry of Education, about 300 educational facilities have been destroyed in and near Nagorno-Karabakh.

The position of women

32. In this Islamic society, women defer to men, possibly even more since independence than under the Soviet system. There are few women's organizations or organizations dedicated to promoting the welfare of women. Field work in agriculture is traditionally a job for women. One half of the workforce on cooperative farms are women, and a little under one half are in commerce and industry. Three quarters of all mothers work outside the home, a statistic that is related to the estimate that at least 40 per cent are unable to breast-feed. The fertility rate is 2.8 children per woman of child-bearing age. Yet Azerbaijan reportedly has the lowest ratio of obstetricians and gynaecologists per capita in the former Soviet Union - 2 per 10,000 women. Women have little access to information about birth spacing and contraception. Abortion is the most common way to limit family size.

33. Women who work in the cotton, tobacco and other cash crop agricultural collectives are exposed to high levels of toxic chemicals from pesticide spraying. Air and water pollution around industrial Baku and Sumgait are exceptionally high. Cybernetics Institute of the Ministry of Health in Baku is collecting information for a computerized database relating exposure to toxic chemicals to maternal and child health (MCH). The highest rates of child deaths are in areas of high pesticide use.

Emergency relief needs

34. A UNICEF mission to Azerbaijan in December 1992 confirmed that the country urgently needed winter relief supplies for the vulnerable groups, particularly refugee children, displaced children and mothers. It was estimated that 42,000 Azeri children under the age of 5 years and 57,000 children from 6 to 15 years of age are in critical condition. These children are accompanied by 46,000 mothers, who live without any substantial means for their own subsistence. Many of them are accommodated in community buildings, train cars, tents and shelters dug underground. Most of them have insufficient clothing, suffer from the cold and receive less than the daily needed food ration. Vaccines, basic drugs and

medical supplies are required urgently to protect them from worsening health conditions, provoking ARI, diarrhoea and communicable diseases. High-protein food, vitamins and infant formula are needed to feed children and strengthen their resistance during the winter months.

35. Discussions were held with the State Humanitarian Aid Commission under the Vice Prime Minister and the Refugee Commission, which confirm the above needs and their readiness to distribute relief supplies through their respective networks.

Recommended programme cooperation, 1993-1994

Estimated expenditure

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Emergency maternal and child health	1 100	800	1 900
Health and nutrition	400	700	1 100
Education	100	400	500
Research, monitoring and evaluation	150	100	250
Programme support	250	-	250
Total	2 000	2 000	4 000

36. The programme activities and the associated allocation of funds are aimed at helping to address the priority problems of children, both immediate and long-term, as identified by a UNICEF mission to Azerbaijan in December 1992. The proposed programme has four main goals:

(a) To provide timely relief to vulnerable groups facing difficult circumstances as refugees, displaced persons or the especially disadvantaged in a time of economic and political transition made worse by conflict;

(b) To build on existing achievements in health, education and social welfare/training of human resources, and to prevent any deterioration in child survival levels;

(c) To help the Government to improve and to create lasting structures to provide protection for children and women, with particular attention to high-risk groups;

(d) To promote and support the preparation of a national programme of action (NPA) to guide future child survival and development programmes.

37. The immediate objective will be to reach the most needy children and their families among the approximately 500,000 Azeri refugees and displaced persons who are victims of the Nagorno-Karabakh conflict. During the winter of 1992-1993, thousands are being exposed to bitter weather without adequate food, medicines, clothing and shelter. Where such populations on the move are brought together, the danger of epidemics is always present and must be dealt with by immunization.

38. Special attention will be given to priority health problems identified by UNICEF missions to the country. These include providing the necessary supplies and monitoring methods for an expanded programme on immunization able to reach World Health Organization (WHO)-established targets for Europe. The eradication of polio and the control of diphtheria will have a high priority in view of the resurgence of these diseases in 1990. Much the same steps will be taken to upgrade the government approach to the control of diarrhoeal diseases (CDD) and ARI, the two most prevalent health problems of children. Preliminary evidence also points to the need to improve prenatal and perinatal care of mothers, and to promote breast-feeding where it has fallen to low levels. The pockets of iron deficiency goitre and anaemia must be investigated and appropriate remedies undertaken.

39. In the course of the proposed two-year programme, medium- and long-range goals will be pursued to strengthen the Government's technical capacity and managerial ability to develop and maintain services for children and women. The fact that the new Republic is fundamentally reorganizing all of its structures makes UNICEF assistance timely and complementary to government objectives.

The strategy

40. For the emergency phase, the strategy will be to employ selective airfreight delivery of relief supplies and drugs and collaboration with government, United Nations and non-governmental partners, local and foreign, for distribution to crisis areas. The rapid delivery of the assistance discussed with the Government is essential, not only to ensure the survival and relieve the suffering of approximately 40,000 children, but also to establish the reputation and credibility of UNICEF at the outset.

41. The build-up of depleted health and education resources in terms of the supply of materials and the upgrading of technical and managerial skills will begin at the same time and will extend over the duration of the programme in collaboration with appropriate partners. These are necessary steps to provide the foundation for specific projects, as well as to help national managers assume responsibilities often left to Moscow under the Soviet system.

42. Surveys must be undertaken to check the reliability of existing statistics systems. Seminars and public information and education programmes will introduce the principles of the Convention on the Rights of the Child and the goals of the World Summit for Children to the population at all levels, as the precursors of an eventual NPA. Such surveys and a mid-term review will also serve to measure the extent of coverage and impact that is being achieved by the

programme, and to permit the injection of new ideas and course corrections. The surveys will be carried out as a joint exercise with local counterparts, thus contributing to their training. By giving counterparts practical experience in new techniques and opportunities to see more of the conditions in their country, decisions they may take as a result will have greater force than those simply recommended by external advisers.

Planned activities for child survival and development

43. Initial phase. For the initial phase of urgent needs, infant formula and weaning food for toddlers, warm clothing and shoes and some shelter materials are recommended to get the most distressed families through the winter and combat the expected rise in ARI.

44. At the same time, immunization must be carried out and stocks of vaccines and syringes will be supplied. Shipments of basic drugs and essential medical supplies will replenish the depleted central pharmacies serving polyclinics and hospitals that deliver MCH care in emergency areas. Support will also be provided to monitor the health and nutritional status of displaced and refugee children. The initial phase will also serve as an entry point for the programme activities detailed below.

45. Situation analysis. To get at the root causes of the most pressing health problems, a number of surveys are recommended. For example, the state of water and food control practices must be investigated to determine the reasons for the prevalent salmonella and shigella sources of diarrhoea. The polio outbreak will be studied in detail to see what the cases may have had in common as a step towards mobilizing the most effective eradication programme. The isolated areas where iodine deficiency has been found will be studied to determine the probable causes and most appropriate remedies. All data collection and analysis practices in Azerbaijan will be reviewed as a check on the existing statistics for infant and maternal mortality and morbidity. Where weak, these systems will be strengthened. The same sort of reviews are needed for other social statistics in order to improve programming, to clarify anomalies and to identify possible regional disparities often concealed in national averages. To this end, some training in data collection and analysis in Azerbaijan and possibly abroad may be foreseen. Improving the statistical evidence for perceived problems will permit the fine-tuning of projects during the course of the programme.

46. Training will be important in the medium- and long-term phases of the 1993-1994 programme. Training will focus both on upgrading technical knowledge and skills and on managerial capacities. Knowledge, attitude and practice surveys will reveal the child-rearing practices of rural and urban mothers and those who are their closest health providers.

47. Immunization. The emphasis will be on sustaining high vaccination coverage at over 90 per cent, with special efforts being made to ensure the full immunization of children affected by the emergency, who frequently live in conditions conducive to the spread of epidemics. Support will also be provided for the strengthening of epidemiological surveillance, as well as for a review of policies and strategies relating to polio eradication and the control of measles and diphtheria. An investigation of cold-chain needs and sterilization

practices will also be supported. In all these activities, close collaboration will be maintained with WHO.

48. ARI. Again in cooperation with WHO, technical support will be provided for the review and adjustment of guidelines on ARI case management, as well as the elaboration of a comprehensive programme to address the problem. Since the Ministry of Health presently can meet only approximately 20 to 25 per cent of essential drug needs, antibiotics and anti-asthmatic drugs will be provided for the treatment of the main respiratory disorders.

49. CDD. Support will be provided to ensure the widespread availability of oral rehydration salts, especially in areas where refugees and displaced persons are evacuated. The Ministry of Health will be assisted with the design of a cost-effective and efficient strategy for the control of salmonella and shigella infections, which have shown an increase of 17 per cent between 1990 and 1991 in children 0 to 14 years of age.

50. Breast-feeding. Surveys will be carried out to determine breast-feeding practices in hospitals and maternities, as well as the factors which have led to reduced breast-feeding in general. Support will be provided to the Ministry of Health to elaborate a policy and plan of action to restore previous levels of breast-feeding among women.

51. Safe motherhood. The focus will be on replacing abortions as the main form of family planning by modern contraceptive methods. In this regard, close collaboration will be maintained with the United Nations Population Fund. UNICEF input will be in the form of education and information for behavioural change.

52. Essential drugs. Essential drugs will be provided as a direct support to other project areas, namely ARI, CDD and safe motherhood, where the Government can presently only meet 25 per cent of requirements. At the same time, UNICEF will collaborate in the development of a revised essential drug list for Azerbaijan.

53. IDD. UNICEF will support investigations into the magnitude of IDD, as well as appropriate measures such as the distribution of iodized salt to endemic areas. The development of an action plan for the elimination of IDD will also be supported.

54. Water supply and environmental sanitation. Assistance will be provided for the testing of suspect water supplies, especially in areas with concentrations of refugees and displaced persons.

55. Post-traumatic stress syndrome. A large number of displaced and refugee children have been traumatized by their experiences in conflict zones, their sudden dislocation or other factors such as poor living conditions combined with freezing temperatures. The Ministry of Education will be assisted through training and consultation with experts to mount a programme to identify and treat children who have been psychologically traumatized in this way.

56. Health education. Assistance will be offered to the Azerbaijan Red Crescent Society's health education programme in schools, and to the Health

Education Unit of the Ministry of Health and its Department of Occupational and Environmental Hygiene for expanding its database linking pesticides, fertilizers and other toxic chemicals to which women and children are exposed with birth defects, respiratory diseases and other health problems. Azeri translations of Facts for Life and the Convention on the Rights of the Child will be commissioned.

57. Preschool and primary education. Most families are forced to leave practically all their possessions behind when fleeing areas of conflict. For young children, this includes school materials and toys. The Government is attempting partial replacement, but due to a lack of resources, there is a considerable shortfall. UNICEF will therefore help to provide essential learning and teaching materials to enable the continuation of preschool activities and primary school tuition for 60,000 affected children.

58. Monitoring and evaluation. Programme monitoring will be carried out primarily by UNICEF staff assigned to the Office of the United Nations Coordinator in Baku. An annual programme review will be instituted, together with participating governmental organizations, NGOs, United Nations agencies and other partners, as appropriate. Regular field visits will be undertaken by staff to monitor progress towards programme objectives. Strategic alliances will be developed with bodies such as the Red Cross, whose field personnel are in a position to provide relevant information on programme performance. An evaluation will be carried out towards the end of 1994 for purposes of evaluating overall programme effectiveness and identifying lessons which can be applied in the next period of cooperation with Azerbaijan.

Consultations with the donor community

59. After independence, several donors and aid organizations made contact with the Government of Azerbaijan. Consequently, assistance has been provided by the Governments of the Islamic Republic of Iran and Turkey and by CARE (under contract with the United States Department of Defense for "Project Hope"), ICRC and Médecins sans frontières. Médecins sans frontières is channelling food aid from the European Community and medical aid to refugees, displaced persons and handicapped children. The Lutheran Church of Germany had previously provided limited programme cooperation during 1991/1992. United Nations agencies, in particular, UNHCR, the United Nations Development Programme and WHO, sent assessment missions to Baku, and UNICEF consulted with their delegations either at the headquarters level or in the field. UNHCR is now represented in Azerbaijan, where an emergency relief programme is under way. UNICEF will maintain close coordination with the Office of the United Nations Coordinator, who arrived in mid-1992, and other United Nations agencies. Every effort will be made to support the development of a United Nations country strategy, within which the main elements of the overall programme will be set.

Organizational and administrative structure

60. The UNICEF presence in Azerbaijan will consist of one international Professional, two national officers, one administrative and finance assistant, two secretaries and one driver. They will be located in the Office of the United Nations Coordinator. Close cooperation will be maintained to ensure an integrated approach and presence.

61. During the two-year bridging operation, consultation with other United Nations agencies and donors will ensure close cooperation, avoidance of overlapping and complementarity of programme elements.

62. UNICEF assistance will initially be channelled through the Government's Humanitarian Aid Commission, which works under the Vice Prime Minister of the Republic. Other networks, such as the Azerbaijan Red Crescent Societies and the Refugee Commission, will be further explored as channels for future aid distribution.

63. It is expected that once UNICEF has signed a basic agreement of cooperation with the Government of Azerbaijan, all procedures and channels for implementation that are of a limited temporary nature will be regularized. This would also set the stage for the preparation of a new and longer programme cycle of cooperation, which may require the strengthening of staff. The present staff costs for Baku will be charged to programme funds.

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1993 session

FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN KAZAKHSTAN, KYRGYZSTAN, TAJIKISTAN, TURKMENISTAN AND UZBEKISTAN*

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of two years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Kazakhstan	2 000 000	4 000 000	1993-1994
Kyrgyzstan	2 000 000	2 000 000	1993-1994
Tajikistan	2 000 000	4 000 000	1993-1994
Turkmenistan	2 000 000	2 000 000	1993-1994
Uzbekistan	2 000 000	4 000 000	1993-1994
Programme support and operations	1 500 000	-	1993-1994

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

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BACKGROUND AND STRUCTURE OF THE RECOMMENDATIONS

1. At its 1992 session the Executive Board reviewed the situation of children and women in Central and Eastern Europe and in the new independent States (E/ICEF/1992/L.14). The report noted rapidly deteriorating circumstances that adversely affected children, resulting in acute human need, significant suffering and widespread problems in health, education and social services. After review and discussion, the Executive Board recommended that country programmes be developed for the new independent States of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan (E/ICEF/1992/14, decision 1992/19).

2. Accordingly, the present recommendations were prepared based on programming missions carried out in Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan during October and November of 1992. The planned mission to Tajikistan could not take place, as civil war had broken out. Information on Tajikistan is based on reports of an earlier UNICEF/World Health Organization (WHO) mission, carried out in February and March of 1992, and on other sources.

3. The recommendations cover five countries that share administrative structures and service delivery systems developed under the former Soviet Union. Despite many significant differences, they have similar epidemiological patterns, environmental problems and educational reform efforts, and they are undergoing a difficult transition towards a market economy. However, each is moving at a distinct pace and varies in terms of general demographics, natural resources and national culture. All five countries are very nationalistic in relation to their neighbours in Central Asia and to other former republics of the Soviet Union. The degree of political stability ranges from civil and military strife (in Tajikistan) to relatively strong and stable Governments.

4. The recommendations outline the common structures and problems related to children and women in the region and the overall programme strategy for the two-year bridging period. It includes general areas of proposed UNICEF support and provides a brief analysis of specific country conditions, an outline of strategies and activities for each country and a summary of recommended levels of UNICEF support from general resources and from supplementary funds.

THE SITUATION OF CHILDREN AND WOMEN

5. The five countries cover an area of 3.9 million square kilometres, almost one fifth of the territory of the former Soviet Union, and have a combined population of over 50 million. The populations, slightly more than 50 per cent rural, have high fertility rates and moderately low mortality rates. Population growth ranges from about 0.8 to 2.5 per cent per year. Economically, these republics were the poorest of the former Soviet Union, even before current difficulties. Per capita gross national product (GNP) in 1991, estimated by the World Bank, was in the "lower-middle-income" category, ranging from $1,050 to $2,470, and these levels are rapidly declining. (Other sources suggest much lower per capita GNP for 1991, on the order of $700 to $1,500.) Based on national health system data, infant mortality rates (IMRs) range from 27 to 46 per 1,000 live births. These levels may be underestimated, and the State of

the World's Children 1993 report shows much higher figures ranging from 44 to 94 per 1,000 live births.

6. Previous policies requiring 10 years of schooling resulted in near universal literacy for both females and males. Women represent about 50 per cent of the labour force, although they generally occupy the less prestigious positions. In the past, extensive allowances were provided for pregnancy, childbirth and the needs of children and students. In most of these countries the real value of such allowances has been eroded by about 50 per cent by inflation over the past two years.

Health services

7. An extensive, six-tiered government health care system, ranging from specialized hospitals to community-based polyclinics and medical aide stations (feldsher), was accessible, until recently, to almost 100 per cent of the population at no cost. Past reductions in infant and maternal mortality were achieved by the provision of extensive curative services. Medical care was characterized by heavy use of drugs and injections and high hospitalization rates. Little emphasis had been given to empowering families with knowledge and practices for prevention or appropriate management of childhood illness.

8. In recent years vaccine-preventable diseases have not represented a significant cause of infant mortality in these countries. However, despite some of the highest health worker-to-population ratios in the world, immunization coverage of one-year-olds has not been universal. Problems in vaccine production among traditional suppliers have created vaccines shortages since 1991, especially for measles vaccines. Measles vaccination appears to be declining and cases of diphtheria and pertussis have increased.

9. Acute respiratory infections (ARI) account for over one half of child morbidity and between 32 and 45 per cent of mortality; there are approximately 20,000 infant deaths annually in the four countries assessed attributed to ARI. There are no national ARI policies, and antibiotics are widely used for viral infections. About 85 per cent of perinatal mortality, the second leading cause of infant death, are due to asphyxiation. Nearly all births take place in hospitals, and over 90 per cent of women make between 5 and 10 antenatal visits during pregnancy. According to WHO estimates, maternal mortality rates (MMRs) range from 39 to 55 per 100,000 live births (65 to 107 per 100,000 live births according to government sources). Rates of Caesarian section are relatively low. As many as 75 per cent of pregnant women are anaemic.

10. High birth rates and inadequately spaced births are a problem, with a mean birth interval of around 18 months. Family planning programmes received little attention until very recently, and problems are reported with the quality and availability of contraceptives. Contraceptive prevalence rates are estimated at under 25 per cent. In addition, health officials report varying degrees of social resistance to family planning, especially in rural areas. Rates of abortion are high; abortions are performed in an estimated one fourth to one half of all pregnancies.

11. Generally poor sanitation and low public awareness of hygiene practices contribute to the high incidence of diarrhoea, the second or third leading cause

of infant mortality in the five countries. Deficiencies in access to water supply and poor water quality underlie some of the basic health problems in several of these countries. Official figures of access to safe water range from 76 to 85 per cent in urban areas and 49 to 51 per cent in rural areas. There are high rates of hepatitis A transmission (over 500 cases per 100,000 in Turkmenistan and Uzbekistan). Chemical contamination of food and water is a problem, particularly in areas of cotton cultivation where the presence of chemical toxins in breast milk has been reported.

Nutrition

12. An increasing portion of household budgets is devoted to food purchases, and an increased amount of family time is devoted to family food cultivation and/or home preservation of food. In 1992, high food prices forced families to reduce food consumption, and surveys of schoolchildren show a 20 per cent reduction in the intake of fruits and vegetables. Nutritional problems have resulted from unbalanced diets, including micronutrient deficiencies (especially anaemia in women). Infants are regularly measured for weight and height. However, aggregated data or studies on child nutrition are not available, with the exception of one recent study in Kazakhstan.

THE EVOLVING SITUATION AND PREVIOUS UNICEF COOPERATION

Initiatives in early 1992

13. A UNICEF/WHO assessment mission was carried out in February 1992 to review conditions in the new independent States, including Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. A "looming crisis" was found based on conditions of hyperinflation, decreases in household purchasing power and depletion of household savings and food stocks, with fewer and fewer households able to obtain basic human needs. The report of the assessment mission described the crisis as "wholly unprecedented, still rapidly evolving and unpredictable ... The danger, of course, is a sudden and massive breakdown of systems, leading to a vicious spiral of widespread human suffering and political and economic chaos".

14. The report called on donors to provide $115 million in external assistance for high-priority health needs for 1992 and 1993. In April 1992, the information was presented to the various countries and has been widely circulated to donors. UNICEF also delivered $1 million in antibiotics and measles vaccines to meet emergency needs. A more detailed assessment of the expanded programme on immunization (EPI) was carried out in two countries in June 1992 by staff from the UNICEF country office in Afghanistan.

15. UNICEF issued a special request in the amount of $25 million for the new independent States in October 1992 to purchase drugs, vaccines and other critical supplies. The lack of a country programme has constrained follow-up to emergency donations provided in April and has been a factor in the limited donor response.

End-year crisis assessment and programming mission

16. A second major mission, carried out from 20 October to 27 November 1992, visited four countries and focused on assessment and programme preparation for the 1993-1994 "bridging" period. The mission took a more in-depth look at the evolving situation of economic and social services, the risks for women and children and potential for UNICEF cooperation.

Erosion of the "safety net"

17. The mission found that inflation was rapidly eroding the safety net function of social protection, placing an increasing number of women and children in jeopardy. The collapse of trade, the loss of the "union subsidy" which previously provided up to 55 per cent of budgets, and the reduction in production and government revenues have placed government budgets of most of these countries under severe pressure. This pressure will continue over the coming period of adjustment and transition to market-oriented economics and is being passed on to families as reductions in real income. (In Kyrgyzstan, for example, prices rose by up to 22 times compared to only a tenfold increase in wages between January 1991 and September 1992.)

18. In 1992, hyperinflation wiped out many families' accumulated personal savings. Any increases in family income have been needed to purchase food, even as the quality of food has diminished and the quantity of dietary intake has declined by 20 per cent or more. The collapse of trade among the former republics has also caused many enterprises to shorten work weeks or temporarily shut down production completely, reducing salaries. Current privatization and marketization are expected to lead to widespread unemployment, with a disproportionate impact on women.

Reduction of services

19. The deterioration of social services has compounded the effects of economic change on women and families. School periods have been shortened to eliminate school meals and there is a severe shortage of textbooks and teaching materials in all but one of these countries (Turkmenistan). Rapid population growth without capital investment in education threatens to reduce the high rates of literacy.

20. Drugs and vaccines are disappearing at the first levels of the health system - the feldsher stations - so that families must travel farther to the polyclinics and rural hospitals to satisfy basic health needs. The rural hospital system itself is threatened because of the low utilization (by those genuinely requiring hospital care) and by the need to cut costs. Traditional, low-cost drug suppliers to these countries have decreased production and are now demanding hard currency. As a result, only 30 to 40 per cent of drug requirements were procured in 1992.

21. In response both to emerging political and social conditions and to the need for additional sources of financial support for the health sector, some countries are now carrying out, in differing degrees, a set of reforms which include: medical insurance for employees in the non-state sector; privatization of all or part of the health system; decentralization of management

responsibility to regional (oblast) and district (rayon) levels; and liberalization of the subsidized prices of drugs and health services for some of the populations. The movement towards medical insurance is most advanced in Kazakhstan and Kyrgyzstan. Among the five countries, Turkmenistan in particular has sufficient resources to maintain and finance its existing health system.

Effectiveness of health services

22. Economic constraints on the quantity and quality of services provided by current health systems imperil past achievements and could cause significant increases in infant and child morbidity and mortality. However, the relative isolation of these systems from recent world developments in health programming and preventive care creates opportunities to improve policies and update less-effective care, with the potential to offset more negative developments.

23. Mortality rates for ARI and diarrhoeal diseases could be reduced by introducing WHO-recommended approaches for case management, for example, increasing family knowledge, reducing the misuse and overuse of drugs, and initiating early treatment at the primary level. Such an approach would also significantly reduce overall use and costs of drugs. Similarly, adoption of the WHO schedule for EPI could reduce morbidity of the vaccine-preventable diseases if combined with updated practices on contraindications (so as to increase immunization coverage at earlier ages), integrated training and strengthened supervision of the cold chain to ensure quality of vaccines. This would also reduce significantly the overall requirement for vaccines.

24. The "baby-friendly" hospital initiative could expand the practice of breast-feeding, thus reducing infant morbidity and mortality and eliminating hard currency demands for the importation of milk substitute formulas. This might also provide an entry point within maternity hospitals to strengthen risk management aimed at reducing perinatal and maternal mortality.

Water supply and sanitation

25. Economic trends and technical problems, combined with serious environmental degradation, threaten to reduce access to a safe water supply and adequate sanitation. Planning, management, financing and monitoring of water supply and sanitation are the responsibility of a wide variety of institutions and there is little coordination. Water loss from rusting of inappropriate pipes and fittings appears to be high, and leakages, combined with negative pressures, make the threat of water contamination serious. This threat is likely to grow as price increases discourage replacement of pipes and purchase of chlorine for water purification. While personnel in the sector are technically competent, they have been relatively isolated from development in sustainable, low-cost technology, planning and management.

26. There is generally low awareness of sanitation needs. Simple pits covered with a concrete or wooden slab are the norm in rural areas and exist even in many urban areas. Public facilities, including health centres and schools, use the same method. Soap has become expensive and is often not available. Sewerage contamination is increasing. Ministries of health have an epidemiological service responsible for monitoring water quality, but lack technical capacity and portable water-testing equipment at the local level.

Areas of cotton cultivation, especially around the Aral Sea, have been heavily contaminated by chemicals.

Education and literacy

27. Compulsory education and universal access to school have resulted in uniformly high levels of literacy in each of the five countries. A major concern is to safeguard these accomplishments during the transition period. Many schools already run two and sometimes three shifts. Some pre-schools run by enterprises and collectives, in which parents have been asked to share costs, have had to close, and alternative, home-based provision of pre-school services is being explored. Close attention to the effects of these changes on women and their work opportunities is needed. Proposed changes in curricula and language at all levels - including proposals to replace the Cyrillic alphabet - also pose major challenges at a time when resources in most of these countries are severely limited. If basic education services are to be maintained, strengthening data analysis for planning purposes must be a high priority.

Policy reform

28. The economic crisis is forcing consideration of radical change, including proposals to privatize health services and health insurance financing systems. In general, the need for reform is clear, but officials are seeking assistance to design reforms that reduce risks to vulnerable groups and to establish safety net monitoring systems to detect and respond to unexpected problems. Policy makers have made specific requests for UNICEF assistance to strengthen the capacity of health systems in the prevention and promotion of health care.

Strengthening capacity of non-governmental organizations

29. With the reduction in government capacity to address welfare needs of the most vulnerable, the need for non-governmental support and generation of local resources increases. Existing non-governmental organizations (NGOs), particularly the national Red Crescent and Red Cross Societies and the various children's funds, have important experience in using a safety net approach that identifies specific needs at the local level. As economic conditions and hyperinflation force Governments to reduce the real value of allowances, or to abandon them altogether, the work of NGOs will become even more critical. This responsibility comes at a time when established NGOs face a funding crisis and new NGOs are struggling to establish organizational methods and sustainable activities. In response, some are experimenting by establishing local enterprises whose profits can be used to fund activities.

Contacts and coordination with other agencies and donors

30. Prior to and during the UNICEF October-November assessment and programming missions, there were extensive contacts with other agencies and donors to identify needs and to determine areas where UNICEF can make its most effective contributions.

End-1992 emergency responses

31. The mission also identified emergency need for measles vaccines, antibiotics to treat measles and other essential drugs, including vitamin A. In early December 1992, $1 million was released from the Emergency Programme Fund (EPF) to respond to these needs and to provide technical assistance to assure effective use of these funds for children and other vulnerable groups.

RECOMMENDED PROGRAMME COOPERATION, 1993-1994

Overall objectives and strategies

32. Structural adjustment, combined with widespread social and political change, has created serious concern about maintenance of accomplishments in health and education for women and children in the region. The proposed UNICEF programme contains emergency measures, as described above, as well as flexible support for survival and development programmes. Urgent action is required to ensure that past gains and the present welfare of children and women are not sacrificed during the transition. At the same time, new systems need guidance and strengthening to achieve further reductions in infant, child and maternal mortality in the post-transition era.

Programme objectives

33. The programmes of cooperation for each of these countries share three objectives:

(a) To ensure that critical services continue to be accessible and of high quality;

(b) To ensure that means are found to catch those falling through the safety net and to strengthen the system accordingly;

(c) To empower families and communities to support the health, development and protection of children and mothers.

34. These objectives are supplemented by three operational objectives expected to have a longer-term, indirect impact:

(a) To provide Governments and other groups assisting children with reliable information on the situation of children and women during the transition;

(b) To assist Governments and NGOs to identify needs and to mobilize material and technological support in order to fill critical gaps during the transition period;

(c) To assist Governments to develop full-scale country programmes of cooperation for the period 1995-1999, linked to national programmes of action (NPAs) as outlined in the 1990 World Summit for Children.

Strategic principles

35. Programme implementation in each of these countries will remain flexible, but will emphasize a core of strategic principles designed to support longer-term replication and sustainability. Activities should:

(a) Monitor the situation of children and women during the transition and link the information to decisions that strengthen or fill gaps in social safety nets;

(b) Assist Governments to review their current systems and to revise them accordingly, moving towards more self-reliant and participatory approaches to social service delivery;

(c) Provide information on improved models and techniques in areas related to the health and development of children and women, based on national and subnational projects and regional and international experience;

(d) Provide critical, high-priority supplies, in coordination with, and as a complement to, inputs and activities provided by the Governments and by other donors and organizations;

(e) Anticipate emergencies and respond rapidly to emerging humanitarian needs.

36. Strategies in the five countries will include: strengthening NGO capacity to decentralize action for women and children; local and national advocacy of children's needs and participatory problem-solving at the community level; documentation of projects and activities, including successes and failures; and local resource generation aimed at sustainability of services and local safety nets.

37. All UNICEF-supported activities will attempt to enhance basic life skills training and income generation for the most vulnerable women; build awareness and networks among interest groups that advocate and work for children; and seek active collaboration with other United Nations agencies and donors to avoid duplication of assistance and to draw upon organizational strengths and specialized resources.

Phasing of activities

38. As in most countries with a UNICEF programme of assistance, there are many priority areas. Yet resources for supplies, cash assistance and other support will be severely limited. In addition, programme implementation in each country will face constraints due to the limited previous experience of Governments and NGOs in working with international agencies. Ongoing national reforms may conflict with the work of development partners, and the lack of an established UNICEF office is also a constraint.

39. These constraints will not allow UNICEF to manage the full range of activities needed to address the problems of children and women during the two-year bridging programmes. Therefore, implementation must be selective and carried out in phases. In 1993, each country will begin to implement national

and regional initiatives in specific focus areas. Based on progress achieved, these activities will then be implemented on a national scale by the end of 1993 and during 1994. Initiatives which prove especially effective will be shared with other countries for possible adaptation during the second year of the programme. Experience gained in programme and project areas during the two-year bridging period will form the basis for the 1995-1999 country programmes of cooperation, which will be developed in 1994.

40. Activities selected by each country will be implemented in phases according to priorities. In many cases, initial actions will be area-based, starting at the regional or even district level. In view of these considerations, the budgets for the two-year programme are not broken down by year, but instead are presented for 1993 and 1994 together, with the schedule to be determined in the context of each country.

National programme activity clusters

41. Based on the October-November 1992 assessments and on discussions with government officials in the four countries visited, it was decided that each country should have both a general set of activities and a more specific emphasis area for UNICEF support. It was further decided that five "clusters" of activities will be supported at the national level throughout the region, in the following areas.

Monitoring and information exchange for children and women

42. This cluster of activities will promote continuous monitoring of the effects on women and children of the economic situation and policy developments during the transition, including improvements in basic data and identification and monitoring of key indicators for priority programme areas. Activities will encourage the exchange of information among Governments, NGOs and donors for a rapid response to critical needs. Within this cluster, UNICEF will support the establishment of an "information-sharing network" to collect and disseminate information on children and women. UNICEF will also support more extensive monitoring of the social safety net during the transition process, both at national and subnational levels.

43. UNICEF will sponsor intercountry technical cooperation to support an exchange of experiences and to provide training opportunities for mid-level staff working on UNICEF-supported activities. Because activities are likely to be phased in differently in each country, the country taking the lead in a particular project will provide opportunities for those planning similar interventions to participate in project planning, design, training, implementation, assessment and documentation.

Increasing the effectiveness of health services for children and women

44. Activities supporting health services in each country will include support for updating child health policies and training and other actions aimed at the main causes of infant and child mortality. Activities will focus on ARI, control of diarrhoeal diseases (CDD), EPI, vitamin A supplementation and nutrition. These may lead to support for training and training materials; strengthening of logistics planning and support systems; consultancies on such

production issues as oral rehydration salts (ORS) and vaccines; procurement of drugs and vaccines to fill critical gaps; and social and organizational mobilization for special initiatives.

45. Activities to reduce newborn and maternal morbidity and mortality will be supported. Implementation of the "baby-friendly" hospital initiative may serve as an entry point for analysis and longer-term action on causes of maternal and perinatal morbidity and mortality. Support may include visits, intercountry seminars, training and training materials, and social and organizational mobilization.

46. To improve the management, rational use and provision of the drug supply and to improve the availability and use of basic drugs, UNICEF will support advocacy, technical assistance, training in management and logistics and a pilot implementation project on financial innovations. UNICEF will also assist in the procurement of drugs to fill critical gaps in supplies.

47. To strengthen the public health orientation and effectiveness of preventive health care by first-level health workers, UNICEF will support community assessment and communication training for health workers in countries throughout the region. Focusing on Facts for Life topics, health worker training materials will be developed that emphasize skills in needs assessment, community participation and interpersonal communication. UNICEF will provide technical and material support to strengthen government capacity for such training.

Improving water supply and sanitation and the environment

48. The objective of this cluster is to strengthen monitoring of, and advocate progress in, access to a safe water supply and a safe environment for children and mothers. Environmental degradation threatens progress and has a potentially serious impact on the health of young children. In each country UNICEF will support the introduction of a water supply and sanitation monitoring system to improve planning and management at regional and national levels. UNICEF support will include advocacy, technical support for policy update, computer software and hardware and training and communication support for effective data dissemination and use.

49. UNICEF will also support, in two countries, the strengthening of a national information base on the quality of water and infant food and will promote local action to reduce environmental risks through the supply of portable water quality-testing equipment and training in its use by staff of the ministries of health. Studies also will be conducted, including analyses of breast milk and infant foods.

50. UNICEF will assist in improving information and experience exchanges on water supply and sanitation technologies and quality assurance. This will include the distribution of technical materials, which have been translated into Russian, and possible exchange visits, seminars and workshops. Consultancies will explore the potential of local production (e.g., pumps, PVC pipes).

Enhancing basic education

51. Achievements in basic education could be threatened as economic crises and resource scarcities affect a system trying to cope with population increase and educational reform. The management financing of education systems needs to be examined while promoting a stronger community role to ensure continuity and opportunity. UNICEF experience in basic education curricula development (especially Facts for Life and education for development) will be useful in national efforts to revise curricula to reflect new directions in social and economic systems.

52. While UNICEF resources for these countries are relatively small, the promotion of curriculum innovations relevant to the needs of post-transition, democratic societies and to the rights of the child are viewed as essential. UNICEF will support activities that introduce these concepts to curriculum developers and researchers; provide exposure to work done in developed countries; and allow rapid translation and adaptation of modules on environment, interdependence, social justice, human rights and conflict resolution.

Planning and social communication for children and women

53. The objectives of this activity cluster are to develop government and NGO capacities at national and local levels for planning and coordination of social communication leading to actions for women and children, including strengthening social mobilization capacities related to programme initiatives; undertaking more general advocacy and information dissemination related to NPAs and to the Convention on the Rights of the Child; and developing country programme planning capacity.

54. In each country of the region, UNICEF will assist in strengthening counterparts in organizational and public communication design and implementation. Training and technical and material support will be provided for social communication initiatives according to country programme emphases. UNICEF will support the need identified in each of these countries to translate and reproduce policy documents, studies and other materials that UNICEF regularly produces internationally.

55. In addition, each country will be supported in its efforts to conduct a national situation analysis and to prepare a 1995-1999 country programme.

Recommended programme cooperation, 1993-1994

Estimated expenditure

(In thousands of United States dollars)

General resources

Programme activity cluster	Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
Monitoring and information exchange	300	500	-	200	200
Strengthening MCH services	1 000	600	-	400	1 200
Water supply and sanitation	200	200	-	1 000	200
Enhancing basic education	200	400	-	100	100
Planning and social communication	300	300	-	300	300
Emergency activities			2 000 a/		
Subtotal, general resources b/	2 000	2 000	2 000	2 000	2 000
Programme support and operations	1 500				

Supplementary funding

Programme activity cluster	Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
Monitoring and information exchange	800	300	-	200	300
Strengthening MCH services	2 000	1 200	-	500	2 200
Water supply and sanitation	500	200	-	1 100	800
Enhancing basic education	500	200	-	100	500
Planning and social communication	200	100	-	100	200
Emergency activities	-	-	4 000	-	-
Subtotal, supplementary funding c/	4 000	2 000	4 000	2 000	4 000
Total, per country d/	6 000	4 000	6 000	4 000	6 000

a/ Funds for emergency assistance activities will be channelled in areas consistent with overall programme strategies and needs identified through an assessment and programming mission to be undertaken as soon as the situation in the country stabilizes.

b/ Total general resources for the five countries, including programme support and operations is $11.5 million.

c/ Total supplementary funding for the five countries is $16 million.

d/ Total expenditure for the five countries is $27.5 million for the 1993-1994 period.

COUNTRY-SPECIFIC SITUATIONS, STRATEGIES AND PROGRAMME AREAS

A. Kazakhstan

Basic data (1990 unless otherwise stated)

Child population (millions, 0-15 years) (1989-1990)	5.5
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	44
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	53
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%, urban/rural)	..
Access to sanitation (%, urban/rural)	..
GNP per capita	$2,470

One-year-olds fully immunized against:

tuberculosis:	.. per cent (1989-1991)
diphtheria/pertussis/tetanus:	.. per cent (1989-1991)
measles:	94 per cent (1989-1991)
poliomyelitis:	86 per cent (1989-1991)

Pregnant women immunized against:

tetanus:	.. per cent (1989-1991)

56. Among the five countries, Kazakhstan has the largest territory, the lowest population (16.7 million in 1990), the highest per capita income ($2,470 in 1991) and the highest degree of industrialization. Agriculture accounts for 21 per cent of total employment. The country is well endowed with natural resources and was a prime supplier of raw materials and food to the former Soviet Union. Kazakhstan is the only country among the five that does not have a shortage of food. Social indicators of development are also higher: its population growth rate is less than one half the average of the other four countries; the total fertility rate (2.9) and IMR (44 per 1,000 live births) are the lowest in the region; and life expectancy is the highest (63.9 years for men and 73.1 years for women). Given its level of economic development and substantial resource base, Kazakhstan's capacity for economic recovery and further social development is high.

57. In the health sector, IMR is estimated by the Ministry of Health at 27 per 1,000 live births, but United Nations estimates are much higher (44 per 1,000 live births). Estimates of MMR also vary; government sources give an MMR of 67 per 100,000 live births for 1991, while the WHO estimate is 53 per 100,000 (in 1989). Such discrepancies point to an acute need for more accurate statistics and more consistent methods for national and international

dissemination of social sector data. In 1991, the main causes of infant death were ARI, 32 per cent; perinatal causes, 30 per cent; diarrhoeal diseases, 13.5 per cent; and congenital abnormalities, 12 per cent. The incidence of prematurity has increased in the last three years, now causing some 60 per cent of perinatal deaths.

58. The health care infrastructure is impressive, but health services have been hurt by the economic crisis. The entire health system is in need of reorientation. Although ARI is the leading cause of death in infants, there is no structured programme or national case management guidelines. MMR can be as high as 130 per 100,000 live births in rural areas, and in 1991 the abortion rate was 95 for every 100 live births. Maternal health, antenatal care and access to family planning information and services require improvement. As in the other countries, there is no essential drugs list nor is there rational use of prescribed drugs. The Government has begun a medical insurance system under which enterprises will pay for health services for their employees. Regional and district levels of Government are also assuming increased responsibility for health care.

59. The quality and availability of education is decreasing, threatening past achievement. Currently there are funds only for salaries and utilities. Teachers' salaries cannot keep up with rising prices and there are severe shortages of books and paper. There are no funds for school lunches or teaching materials. The situation is expected to worsen when Kazakh becomes the official language in all schools, for some 2 million students. Working mothers with young children are especially hard hit as the Government is no longer able to finance new preschool entrants; current preschools meet less than 50 per cent of need. Although the student-teacher ratios are as low as 1 teacher for 11 students, 31 per cent of pupils attend second or third shifts because existing facilities are inadequate.

60. Water supply and sanitation service coverage is estimated at 85 and 70 per cent, respectively, for the urban population and 51 and 10 per cent, respectively, for the rural population. Rural sanitation presents a serious problem as there is generally little awareness of the need for better practices among the population and there is no government department responsible for improving rural sanitation. Significant financial resources for this area are currently unavailable and, at the technical level, there is little awareness of cost-effective solutions to the sanitation problem.

61. Kazakhstan continues to play a role as a regional centre. There are two WHO collaborating centres in the capital of Alma Ata (Regional Centre on Problems of Nutrition and Regional Centre on Primary Health Care, now devoted to nurses' training). An integrated United Nations office was scheduled to open in late 1992 or early 1993. In addition, a regional office of the International Federation of Red Cross and Red Crescent Societies opened in Alma Ata in 1992, and the Kazakh Red Cross and Red Crescent Society has a strong national network of staff and visiting nurses. These organizations increase the potential for rapid improvements in training, developing a base for stronger advocacy for children, strengthening the national research agenda for children and developing strong collaborative efforts between UNICEF, other United Nations agencies and NGOs.

Strategy

62. The two-year bridging programme in Kazakhstan draws heavily on the objectives, principles and approaches outlined for all of the countries in Central Asia. However, an urgent request by the Ministry of Health for UNICEF assistance led to a release of emergency funds to address the major problem of ARI.

63. The Government proposed a "Special Winter Programme to Control Pneumonia in Children" and $387,000 of the EPF were allocated to provide antibiotics to avert serious illness among infants and children during the winter of 1992. Depleted stocks of pneumonia treatment drugs, increasing numbers of children susceptible to measles, especially in the 9- to 15-month age-group, and evidence of a 20 per cent reduction in dietary intake of vitamin A all raised fears of a potential doubling of infant mortality in the absence of emergency action.

64. UNICEF provided drugs to treat pneumonia in children under five years of age at primary referral levels. All children under five years of age were given vitamin A and children over nine months of age were inoculated against measles. UNICEF also provided technical support for a mass orientation programme for medical personnel who were introduced to WHO ARI guidelines, updated policies on EPI and rationale and instructions for prophylactic administration of vitamin A. A major social mobilization initiative, with the personal involvement of the President and the leadership of the Children's Fund, encouraged parents to seek early diagnosis and treatment for children with coughs.

65. Following up on this emergency effort, assistance to Kazakhstan will concentrate on improving the effectiveness of maternal and child health (MCH) systems. Support will be provided for actions at both national and regional levels.

Programme actions

66. UNICEF will collaborate with WHO and the Ministry of Health to establish a national programme for the control of ARI, based in part on assessment of outcomes of the 1992-1993 winter project. Assistance will include support for research on case management, development of national plans and objectives, and initiation of training at national, regional and district levels of the health system. Adaptation of training materials will also be supported and, if necessary, some drugs will be provided for the winters of 1993/94 and 1994/95. UNICEF also will support national and regional activities to strengthen CDD and EPI through policy revision, training and, where necessary, the supply of some materials, including vaccines.

67. At the national level, assistance will be provided to the Regional Centre on Problems in Nutrition, a WHO collaborating centre, to build a more rapid system of nutrition surveillance in children and to incorporate new findings in safety net policies and advocacy through linkages among the surveillance system, key government and NGO decision makers and the mass media.

68. UNICEF will assist the Government of Kazakhstan either directly or through a national NGO to develop mechanisms that allow information on essential social sector needs and on national and international organization projects and plans

to be efficiently organized, stored, disseminated and used. As with other countries in the region, during the two-year bridging programme, UNICEF will provide support for fellowships to encourage intercountry cooperation and exchange of experience.

69. Activities in a selected region in Kazakhstan are planned to update key health system practices and to identify the most cost-efficient approaches to reduce further U5MR and MMR. Activities are likely to include rapid assessment of health worker beliefs and practices; training activities for EPI, ARI and CDD; review of the situation and logistical support for improving the availability of basic drugs at the first level of care; advocacy and support for maternity hospital implementation of the "baby-friendly" hospital initiative; promotion of community involvement in a nutrition monitoring/assessment/action system; technical support and training for planning and budgeting focused on MCH goals; and feldsher training in community assessment and communication skills.

70. In the area of water supply and sanitation, UNICEF will support exchange of technologies and quality assurance techniques. Through the experience exchange mechanisms described above, UNICEF will also enable appropriate personnel from Kazakhstan to visit sites in Turkmenistan, where UNICEF efforts in water supply and sanitation are already under way. In the area of basic education, UNICEF will support the adaptation and introduction of Facts for Life into the primary school system and advocate, with other donors, strong support for Kazakhstan's efforts in educational reform.

71. In the area of planning and social communication, UNICEF will support activities by the Government, and through NGOs and the mass media, that advocate that children and women be given "first call" during the period of transition. UNICEF will also support activities related to the development of NPAs and ratification of the Convention on the Rights of the Child. In addition, UNICEF will support a national analysis of the situation of children and women in Kazakhstan and the preparation of the 1995-1999 country programme of cooperation.

72. The level of UNICEF support recommended for Kazakhstan is $2 million from general resources and $4 million in supplementary funds.

B. Kyrgyzstan

Basic data (1990 unless otherwise indicated)

Child population (millions, 0-15 years)	1.1
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births)	54
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	43
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%, urban/rural)	..
Access to sanitation (%, urban/rural)	..
GNP per capita	$1,550

One-year-olds fully immunized against:

tuberculosis:	.. per cent (1989-1991)
diphtheria/pertussis/tetanus:	.. per cent (1989-1991)
measles:	91 per cent (1989-1991)
poliomyelitis:	72 per cent (1989-1991)

Pregnant women immunized against:

tetanus:	.. per cent (1989-1991)

73. Like Tajikistan, Kyrgyzstan is relatively poor in resources compared to the other three countries under discussion. The population of 4.4 million (1990) has a per capita GNP of $1,550. Kyrgyzstan has a small, open economy which is highly agricultural and is heavily dependent on exports to the former republics of the Soviet Union and imports from those countries. One half of budgetary expenditure was met formerly by a grant from the Soviet Union. Due to the country's vulnerability, the crisis has had an extremely negative impact, especially on such social sectors as health care.

74. In addition, the Government of Kyrgyzstan is implementing economic reforms at perhaps the fastest rate of the five countries. In October 1992, price controls were removed on all items except bread, drugs, rent, heating and some social services, and all prices will be decontrolled by July 1993. The unemployment rate is high due to the rapid pace of privatization. Ten per cent of all State enterprises were privatized by October 1992 and 35 to 40 per cent are expected to be privatized by the end of 1993. This is occurring first in the service and industrial sectors and will be followed at a slower pace by agriculture. The unemployment rate of 3.3 per cent (1992) is expected to increase.

75. Given this economic situation, implications are ominous for the health and social sectors. The only expenditures the Government is attempting to maintain

in the health sector are salaries, food for hospital patients and drugs. A medical insurance law has been passed which will require enterprises to provide health care for their employees. In the education sector, only salaries can be maintained, causing growing shortages of books and materials. Capital investments and maintenance in both health care and education are suffering.

76. Infant mortality trends reflect the seriousness of the situation. For the first eight months of 1992, government sources show a sharp increase in IMR, by 16 per cent. Infant deaths from perinatal causes have increased over the past few years. Estimates of MMR vary from 43 per 100,000 live births (WHO) to 74 per 100,000 live births (government sources). ARI causes 41 per cent of infant deaths (1991), perinatal causes account for 27 per cent and diarrhoeal diseases account for 10 per cent. A high rate of prematurity (up to 23 per cent) indicates serious maternal malnutrition. As in other countries in the region, hospitalization rates are extremely high. Three out of every four infants and nearly one out of every two children who are treated for ARI are hospitalized.

77. Of all the countries in the region, Kyrgyzstan has been perhaps the hardest hit in the education sector. Within a period of less than a year, the situation has deteriorated rapidly from that found by the earlier UNICEF/WHO mission. Kyrgyzstan already has the highest proportion of pupils (36 per cent) in second and third shifts at school due to lack of facilities. There are added difficulties due to the fast rate of economic reform. The sector is having to cope with enormously increased nominal expenditures due to inflation; many State pre-schools have closed and compulsory school periods have been shortened.

78. Kyrgyzstan, like other countries of the former Soviet Union, is struggling with curricular reform and restructuring away from the former political ideology. The Kyrgyz language was recently made mandatory in all schools and the production of new texts and teaching materials in Kyrgyz is an added burden. All these difficulties are exacerbated by a general lack of strategic planning in the current system. There is also a lack of effective project monitoring and information even for humanitarian assistance. This already has resulted in duplication and ineffective use of some shipments of humanitarian aid.

79. Water supply and sanitation coverage are comparable to those in other countries in the region: 84 and 60 per cent, respectively, for the urban population and 50 and 10 per cent, respectively, for the rural population. There has been limited systematic planning and coordination of sector activities, especially in data collection, due to the involvement of many government departments and a lack of clearly defined roles. The breakdown of trade among former republics has had a severe impact on the procurement of pipes and pumps. Financial constraints have resulted in the especially unsuitable choice of asbestos/cement pipes in many cases, rather than polyethylene pipes, which would be more suitable for the mountainous, earthquake-prone areas of the country.

80. A recent World Bank study identified over 40 NGOs working in the social sector in Kyrgyzstan. However, there is no clear legal or policy framework for most NGOs, and they generally lack expertise in areas ranging from fund-raising and management to international linkages and project design. Several of the specialized NGOs providing services, training and work opportunities for

handicapped persons are now threatened by the general economic climate, a lack of affordable raw materials and a lack of purchasers for their products.

Strategy

81. The strategy underlying the two-year bridging programme in Kyrgyzstan draws heavily on the objectives, principles and approach outlined for all of these countries. However, in Kyrgyzstan emphasis will be on developing an effective system to monitor the social safety net and utilizing this information to influence policy and project decisions. A second emphasis will be on improving management of primary education.

82. In November 1992, the Government of Kyrgyzstan requested immediate assistance to procure essential drugs for children as loans for this purpose from the European Community, the World Bank and bilateral partners would not be processed in time for winter ARI epidemics. The Government also requested special assistance for the Toktogoul district in the mountains of central Kyrgyzstan, where a recent earthquake had killed 54 persons and destroyed schools, health facilities and approximately 10,000 homes, affecting over 60,000 persons, including 24,000 children under the age of 14 years.

83. UNICEF provided $250,000 in emergency funds to Kyrgyzstan, including $218,000 for essential drugs for children and $30,000 for emergency health and educational supplies for the earthquake-affected areas. UNICEF also provided technical assistance to improve the organization and distribution of essential drugs and emergency supplies to the appropriate locations. It was also used to train local medical staff in vitamin A administration and measles vaccination to at-risk children under five years of age and in the rational use of antibiotics for case management of ARI in children.

Programme actions

84. The UNICEF response to these emergency requests has placed the organization in an excellent position to collaborate with the Government and WHO to develop ARI and CDD national programmes and to strengthen the national EPI and make it more consistent with international guidelines for immunization schedules and contraindications for immunization. Assistance will be oriented mainly towards technical assistance; support for training, translation and dissemination of up to date technical materials; and, when necessary, provision of supplies.

85. UNICEF will support Kyrgyzstan to develop a locally-based government/NGO safety net monitoring and response system to protect vulnerable families. This system will include community-based child mortality analysis and actions under the responsibility of local officials; implementation of regional and district-level education management information systems, including school-level monitoring of child- and family-related safety net indicators; support for NGO training and income-generating activities for the most vulnerable women; and training of health workers in intersectoral teamwork on community health assessment and follow-up action.

86. As in Kazakhstan, Kyrgyzstan is already experiencing problems generated by a lack of training and mechanisms for coordination and information-sharing related to national humanitarian and technical assistance needs in the social

sectors. UNICEF will assist the Government either directly or through a national NGO to develop mechanisms that allow information on social sector needs and on national and international organization projects and plans to be efficiently organized, stored, disseminated and used. In addition, as with other countries in the region, UNICEF will provide support for fellowships to encourage intercountry cooperation and experience exchange. Support will be provided to strengthen NGOs and promote government collaboration.

87. UNICEF will provide substantial support to government efforts to reform and improve the management of the education sector. UNICEF will assist in the analysis of emerging problems and the development of an appropriate education management model that better fits a society in transition. Advocacy will be carried out with major donors for the supply of books and materials. In addition, UNICEF will support national efforts to develop, adapt and field test education for development modules. As in other countries, UNICEF will support the adaptation and introduction of Facts for Life messages into the primary school system.

88. In the area of water supply and sanitation, UNICEF will support technical exchange and quality assurance methods. Efforts will be made to introduce improved, lower-cost, appropriate technologies to planners and technical personnel through the provision of relevant technical information and literature and its translation; exchange visits with suitable technical institutions and private manufacturers; and national and regional workshops and seminars. If possible, a small pilot project to demonstrate low-cost technologies for drinking water will be supported in one district. UNICEF will support visits to Turkmenistan by appropriate personnel, where more extensive UNICEF-supported efforts in water supply and sanitation are planned.

89. In the area of planning and social communication, UNICEF will support activities by the Government and through NGOs and the mass media advocating that children and women be given a "first call" during the period of transition. UNICEF also will support activities related to the development of an NPA and ratification of the Convention on the Rights of the Child. In addition, UNICEF will support a national analysis of the situation of children and women in Kyrgyzstan and the preparation of the 1995-1999 country programme.

90. The level of UNICEF support recommended for Kyrgyzstan is $2 million from general resources and $2 million in supplementary funds.

C. Tajikistan

Basic data (1990 unless otherwise stated)

Child population (millions, 0-15 years)	2.3
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	72
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	39
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	$1,050

One-year-olds fully immunized against:

tuberculosis:	.. per cent (1989-1991)
diphtheria/pertussis/tetanus:	.. per cent (1989-1991)
measles:	89 per cent (1989-1991)
poliomyelitis:	90 per cent (1989-1991)

Pregnant women immunized against:

tetanus:	.. per cent (1989-1991)

91. The outbreak of civil and military conflict in Tajikistan prevented a scheduled programming mission to that country in November 1992. However, a representative from the UNICEF office in Kabul participated in the United Nations Department of Humanitarian Affairs mission which visited the country from 5 to 13 November 1992. Based on the mission's findings, $570,000 of UNICEF emergency assistance was released for basic drugs, vaccines and related supplies, high-protein biscuits, collapsible water tanks and emergency technical assistance. As of December 1992, international relief efforts, including those by UNICEF, were being hampered by both the continued fighting and a serious shortage of fuel.

92. As the situation becomes resolved, the emergency assistance will be complemented by additional humanitarian aid, which will then become a base for longer-term programmes and projects to be implemented within the framework of common strategies and activities in the present recommendation. When peace comes, emergency activities will address immediate needs and the rebuilding and reactivation of essential services for children.

93. The level of support recommended for Tajikistan is $2 million from general resources and $4 million in supplementary funds, mainly for humanitarian assistance in the wake of the military conflict.

D. Turkmenistan

Basic data (1990 unless otherwise indicated)

Child population (millions, 0-15 years)	1.6
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	94
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	55
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%, urban/rural)	..
Access to health services (%, urban/rural)	..
GNP per capita	$1,700

One-year-olds fully immunized against:

tuberculosis:	.. per cent (1989-1991)
diphtheria/pertussis/tetanus:	.. per cent (1989-1991)
measles:	68 per cent (1989-1991)
poliomyelitis:	84 per cent (1989-1991)

Pregnant women immunized against:

tetanus:	.. per cent (1989-1991)

94. Compared with the other republics visited by the UNICEF team in October and November 1992, and indeed with the rest of the former republics, Turkmenistan has relatively low social indicators of development. Overspecialization in cotton cultivation has led to a high degree of dependency on food imports. The breakdown of inter-republic trade caused a sharp decline in industrial output in 1991 and 1992. However, Turkmenistan has stronger potential for economic and social development because of its substantial energy resources. The country uses only 6 per cent of the natural gas extracted annually, and it will begin selling this commodity at world prices in 1993.

95. Unlike other countries in the region, Turkmenistan is currently able to maintain subsidies and move at a slow pace towards transition to a market economy. The Government has maintained price controls on a wide array of food and other products. Thus, for the first nine months of 1992, price increases on food products were more than compensated by wage increases. However, some groups at the bottom of wage and pension scales were still adversely affected. For example, in October 1992, the cost of the minimum consumption needs was one and one half times more than the minimum wage.

96. Turkmenistan is also different from its northern neighbours in that its budget deficit is expected to be eliminated as the country begins to export gas. Examination of the health and education budgets shows that expenditures in real

terms have been maintained, even on capital investments. There are no current plans for privatization in the health sector. Drug availability has not declined, since imports from other parts of the world are being substituted for drugs previously imported from the former Soviet Union. In the education sector, the building and renovation of schools is being maintained, and currently the school system has sufficient materials and books.

97. A comprehensive social safety net still exists in Turkmenistan and currently there are no plans to dismantle it. The social service infrastructure is relatively well developed. There was no open unemployment in 1992. Privatization of the service sector is only just beginning, and it is unlikely to lead to much unemployment, as service sector firms are small and the employees will assume ownership. The Government provides a more generous level of social support than in many other former republics and has resisted proposals made by international financial institutions to liberalize prices. Family protection is a strong principle of government policy. Since much of what the family consumes is imported, the Government has built a system of family allowances to compensate for price increases, and new allowances were introduced following independence.

98. Despite this encouraging picture, there are serious problems with the country's health, water supply and sanitation sectors as shown by social indicators. With a total population of 3.7 million (1990), IMR and MMR are the highest in the region, at 94 per 1,000 live births and 55 per 100,000 live births, respectively, according to WHO estimates. (Government figures show an IMR of 46 per 1,000 live births and an MMR of 107 per 100,000 live births, also the highest for the region.) Yet there are high ratios of health staff to population, with one physician for every 277 persons and one health worker for every 68 persons; over 98 per cent of births take place in hospitals. Some 40 per cent of infant deaths occur at home or within 24 hours of the arrival of the infant at the hospital, and diarrhoeal diseases are the second most common causes of death in infants. A low level of health awareness is further reflected by water supply and sanitation coverage figures of 76 and 46 per cent, respectively, for the urban population, and 50 and under 2 per cent, respectively, for rural coverage.

99. The immediate causes of high child morbidity and mortality can be attributed to the relative ineffectiveness of the health care system, insufficient knowledge regarding health care and good practices in the family, and the poor quality of water supply and sanitation. The poor quality of drinking water results from a combination of poor sanitation practices, high per capita production of polluted waste discharged into surface waters and severe pollution from intensive agrochemical use in the cotton growing regions around the Aral Sea. For the past several years, for example, agrochemical use has been consistently higher, by 12 to 20 times, than the levels used in the whole of the former Soviet Union.

Strategy

100. UNICEF will provide assistance in major areas of child survival as outlined in the common strategy. Cooperation during the two-year bridging period will also provide support for developing an NPA, advocacy related to the Convention on the Rights of the Child and capacity-building for national NGOs.

101. The major focus in Turkmenistan will be on targeting drinking water supply and environmental sanitation to improve the health of those groups in rural and marginal urban areas currently lacking access to safe water supply and to excreta disposal facilities. This programme aims to strengthen government capacity to coordinate the sector efficiently, formulate appropriate policies, enhance planning, accelerate implementation and improve water quality testing and control.

Programme actions

102. UNICEF will assist appropriate national organizations to augment and strengthen their information management, monitoring and evaluation systems; to identify potential donors; and to prepare project funding proposals for areas of special need in the water supply and sanitation sector. Assistance will also be given to identify and promote cost-efficient means of accelerating coverage and strengthening national capacity for hygiene education at all levels. UNICEF support will encourage and facilitate technical cooperation among other countries within the region and, as appropriate, with other industrialized countries.

103. UNICEF support to water supply and sanitation activities in Turkmenistan will be linked to health and nutrition interventions and will be developed on the basis of two complementary strategies: (a) national, institutional capacity-building through technical assistance to enhance planning, policy formulation, coordination for intra-sectoral and intersectoral linkages, implementation, management, monitoring and evaluation; and (b) two small pilot projects for water supply, sanitation and hygiene education, which will be directly linked to national policy formulation and will be used for demonstration purposes within the country and the region.

104. The first pilot effort will be a rural project to demonstrate to the Government and beneficiaries how coverage can be accelerated cost-effectively in a participatory and sustainable way. At the same time, maximum health and social benefits will be provided through the use of cost-effective appropriate technologies; local participation in planning, implementation and management; and water quality testing and control linked to advocacy for legislation for environmental protection. A second effort will be a peri-urban pilot project for water supply, sanitation and hygiene education specifically designed within the urban context but featuring all the strategic elements of the rural project.

105. The level of UNICEF support recommended for Turkmenistan is $2 million from general resources and $2 million in supplementary funds.

E. Uzbekistan

Basic data (1990 unless otherwise stated)

Child population (millions, 0-15 years)	8.6
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	64
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	43
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Per cent of grade 1 reaching grade 4	..
Access to safe water (%, urban/rural)	..
Access to sanitation (%, urban/rural)	..
GNP per capita	$1,350

One-year-olds fully immunized against:

tuberculosis:	.. per cent (1989-1991)
diphtheria/pertussis/tetanus:	.. per cent (1989-1991)
measles:	81 per cent (1989-1991)
poliomyelitis:	61 per cent (1989-1991)

Pregnant women immunized against:

tetanus:	.. per cent (1989-1991)

106. Uzbekistan has one of the largest economies in Central Asia. Its natural resource base is substantial and it has the largest population of the five countries (20.5 million in 1990). There are extensive reserves of petroleum, natural gas and coal, along with considerable potential for hydroelectric power. Uzbekistan was the third largest producer of natural gas in the former Soviet Union (after Russia and Turkmenistan), producing some 38 billion cubic metres in 1989. However, a large portion of its local industry is based on energy from gas, making net exports of gas far lower than those of Turkmenistan (one sixteenth as high). Although the country is currently a net importer of petroleum, new discoveries hold promise to make Uzbekistan self-sufficient in energy. It also has major gold deposits and, in the long term, probably has the capacity to weather the current period of economic crisis.

107. In the shorter term, however, Uzbekistan is facing severe problems. Its 1991 GNP was $1,350, but most likely declined in 1992 as output declined by 18 per cent in the first nine months of the year. About 40 per cent of industrial output in Uzbekistan is based on processing of local raw materials and was therefore unaffected by the decline in trade among the former republics. (The rest of the sector had a decline in output of 30 per cent in 1992.) Uzbekistan is dependent on a cotton monoculture, which provides 40 per cent of its agricultural output. This has resulted in severe environmental damage and also dependence on food imports. As much as 65 per cent of total food

requirements are imported. After inter-republic trade declined, hard currency earned from cotton exports began to be used to import food, especially grain.

108. The Government of Uzbekistan is moving relatively slowly on economic reform and has retained price controls on a variety of consumer goods. The increase in retail prices in 1992 was much lower than the corresponding inflation rates in Kazakhstan and Kyrgyzstan.

109. Spending has been cut in the social sectors, since both the sharp rise in food subsidies and the comprehensive social security payments have been difficult to sustain. The budget of the Ministry of Health had been reduced by up to 50 per cent and the central Government is maintaining expenditures only on salaries, drugs and food for hospital patients. The Government has undertaken a programme of privatization of the health sector and is considering the adoption of medical insurance as a means to reduce the fiscal burden of the public sector. A set of guaranteed minimum services will form the basis of the social safety net under the new system.

110. Both IMR (64 per 1,000 live births) and MMR (43 per 100,000 live births) show disparities between different regions of the country. For example, some areas around the Aral Sea have an IMR of nearly double, and an MMR of more than double, the national average. Government figures show an IMR of 36 per 1,000 live births and an MMR of 65 per 100,000 live births. ARI, principally pneumonia, is the leading cause of infant death (45 per cent in 1991), followed by perinatal causes (28 per cent) and diarrhoeal diseases (11 per cent). Nearly 25 per cent of maternal deaths are caused by haemorrhage and the remainder by infections and factors related to abortions. In 1991, abortions were performed on 26 per cent of all pregnancies. As in other countries in the region, drug consumption is high. In 1991, there was an average of 6.1 drugs per prescription, and in the capital of Tashkent, on average, 15.7 drugs were contained in each prescription.

111. Despite high hospitalization rates and extensive use of drugs, a high proportion (45 per cent) of infant deaths occur at home or within 24 hours of hospital admission. The crucial challenge is to improve the quality and effectiveness both of health care services and of health care and health promotion in the home.

112. Nutritional problems are of particular significance in Uzbekistan. As in other countries in the region, there is no systematic monitoring of child growth and nutrition or of the nutritional status of mothers. Although children's growth is measured regularly, no growth charts are kept and the categories of "acute", "chronic", " moderate", and "severe" malnutrition are not used. Anaemia appears to be a widespread problem, with 70 per cent of pregnant women reportedly affected. However, Uzbekistan differs from other countries in the region, with the possible exception of Kazakhstan, in that there are already plans to introduce more rigorous criteria for nutrition monitoring.

113. Monitoring of household food security and nutrition is badly needed, together with education regarding nutrition. Diets are generally unbalanced, with a too high consumption of bread products and low consumption of fruits and vegetables. The consumption of meat, fish products and dairy products is generally below the minimum requirement.

114. As in other countries in the region, education levels are high, with near universal literacy. However, the Government has already reduced the teaching load as a direct response to the reduction in teachers' salaries, and it is seeking to contain costs through such means as postponement of maintenance and construction, as well as expansion of in-home preschools.

115. Access to water supply is estimated at 82 per cent in urban areas and 49 per cent in rural areas. Despite escalating costs of treating water supplies, there is little monitoring or control over the use of water. Official sanitation coverage is 46 per cent in urban areas and below 5 per cent for the rural population. For much of Uzbekistan, the poor quality of drinking water is a major problem. There is contamination from domestic and industrial sewage and severe pollution from agrochemicals used in cotton production near the Aral Sea. Most of the surface water and some groundwater sources are contaminated.

116. UNICEF cooperation in Uzbekistan during the 1993-1994 bridging period will be based on the common strategy outlined above. Nutrition and household food security will be the main focus of activities at the regional level. Advocacy for ratification of the Convention on the Rights of the Child and for stronger government efforts to generate effective health care through intersectoral efforts in health and household food security will also be important components.

Programme actions

117. Cooperation will include support to strengthen service delivery and promotion of child health in the home. In collaboration with WHO, UNICEF will support strengthening of EPI and of effective programmes to control ARI and diarrhoeal diseases, including some provision of essential drugs and vaccines. UNICEF will also support fellowships for intercountry experience exchange and strengthening of maternal health and newborn care.

118. As in other countries in the region, during the initial period of cooperation UNICEF will concentrate its support on one major cluster of activities. This focus area will be an integrated approach to nutrition, household food security and health at regional and community levels. Activities will include health and nutrition surveys and an early warning food and nutrition monitoring system; model MCH treatment and training units; seminars and training workshops on MCH issues; essential drugs planning and supply for first-level facilities; and linkage of local health, agricultural, administrative and NGO personnel to identify household food security strategies to help the most vulnerable help themselves (such as through establishment of better home gardens and provision of training and supplies for canning).

119. UNICEF will also support a plan to meet children's needs for a safe water supply, especially in environmentally degraded areas. This could be an "action plan for the children's environment", formulated in connection with the NPA. Such a plan will establish integrated targets, planning and responsibility for meeting goals for safe water supply. UNICEF inputs will include facilitation of technical working group meetings, support for research on effects of toxic pollution on children's health and advocacy and workshops for building consensus leading to action for children and women.

120. UNICEF will collaborate with the Government and NGOs in the area of health promotion, with support for activities aimed at enabling mothers and families to prevent illness and to care for a sick child from the early stages of illness. One set of activities will be the adaptation, dissemination and use by mothers, families and the primary school system of Facts for Life.

121. UNICEF will support activities to organize and produce a national situation analysis on children and women in order to develop a full programme of cooperation for the 1995-1999 period. Support for activities related to the development of an NPA and advocacy for ratification of the Convention on the Rights of the Child will also be provided.

122. The recommended support for Uzbekistan is $2 million from general resources and $4 million from supplementary funds.

COUNTRY PROGRAMME MANAGEMENT

Programme management and coordination

123. The five programmes will be administered by an area representative for Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan, and a temporary presence will be established in one of the United Nations offices in the countries concerned. The area representative will provide overall programme coordination and will supervise and support implementation, particularly for strategy review and coordination of intercountry activities. Other technical support staff will provide additional support for implementation of specific activities. Depending on the relevant government structures of the individual countries, the area representative will work with relevant ministries and the Prime Minister's office and will also work closely with the President's Office, which has the final decision-making authority. An annual intercountry meeting will review programme implementation and emerging issues affecting women and children in the respective countries. Of the amount recommended for general resources, approximately $1.5 million will be used during the bridging period for programme support and operations, including support for an area presence.

124. UNICEF will actively support the Secretary-General's initiative to establish integrated United Nations country offices, as well as the provisions of General Assembly resolution 47/199 of 22 December 1992 which calls for an integrated approach and presence. All UNICEF staff will be based in an integrated office wherever one exists. Close coordination will be maintained with the Secretary-General's representative and other United Nations agencies, while maintaining clear lines of responsibility and accountability for UNICEF programmes. Every effort will be made to encourage and support the development of a United Nations country strategy for each country, within which the system and main elements of the overall programme will be set.

125. In each country the senior UNICEF staff member will be an international Professional designated as a "resident programme officer". Each country will have at least one additional international Professional, as well as a national Professional and national General Service staff. Attempts will be made to recruit United Nations Volunteer specialists to serve in each country. There will be international General Service positions in the area office and in two

country offices. During the first year of UNICEF collaboration, as offices are being established, assistance from UNICEF headquarters, from various regional and country offices and from consultants will be used in order to train locally recruited and new international staff in UNICEF administrative, finance and programme procedures and to assist in the rapid implementation of country activities.

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FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Burkina Faso	5 500 000	8 107 000	1993-1994
Djibouti	250 000	-	1994
Paraguay	1 371 000	-	1993-1994
Zaire	20 460 000	9 743 000	1993-1995

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

I. BURKINA FASO

Basic data (1990 unless otherwise stated)

Child population (millions, 0-15 years)	4.9
U5MR (per 1,000 live births	206
IMR (per 1,000 live births)	120
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1986)	810
Literacy (% male/female)	28/09
Primary school enrolment (% net, male/female)	36/24
Percentage of grade 1 reaching grade 4 (1988)	82
Access to safe water (%) (1988)	69
Access to health services (%)	..
GNP per capita	$350

One-year-olds fully immunized against:

tuberculosis:	60 per cent
diphtheria/pertussis/tetanus:	38 per cent
measles:	36 per cent
poliomyelitis:	38 per cent

Pregnant women immunized against:

tetanus:	76 per cent

The situation of children and women

1. A land-locked Sahelian country of 270,000 square kilometres with more than 9.5 million inhabitants who are mainly farmers and livestock breeders, Burkina Faso is one of the poorest countries in the world, with a per capita gross national product (GNP) of $350. The infant mortality rate (IMR) is 120 per 1,000 live births; the under-five mortality rate (U5MR) is 206 per 1,000 live births; and the maternal mortality rate (MMR) is 810 per 100,000 live births.

2. Between 41 and 51 per cent of infants suffer from protein energy malnutrition, even during their first year. Some micronutrient deficiencies are also endemic, with more than 10 per cent of the total population suffering from goitre. Anaemia has been detected in 70 per cent of children under five years of age. Forty per cent of pregnant women are anaemic, which causes 12 per cent of children to be born with a low birth weight of less than 2.5 kilogrammes. Thirteen per cent of the population suffers from vitamin A deficiency. Estimates from the World Bank show that 60 per cent of the population does not have assured access to food, including 18 per cent (1.7 million persons) for whom food insecurity is a chronic problem.

3. In all ethnic groups, the ideal of maximum procreation is highly valued. The average number of children per woman is 7.2 and the status of a woman is

defined by her role as a spouse and a mother. While the People and Family Code, adopted in 1990, attempts to promote the status of women beyond what is accorded by traditional customs, its content is not widely known. Women still face compulsory and early marriage, imposed polygamy, marriage to a deceased husband's relative and repeated pregnancies.

4. Women's illiteracy rate is 91 per cent, while the overall rate of illiteracy is 82 per cent. Girls represent only 37 per cent of schoolchildren. Subsistence farming is the main activity of the majority of women. Whether in rural or urban areas, women remain dominated by men, although they contribute a great deal to economic production.

5. Access to water is reasonably good (69 per cent), but access to sanitation is very low (8 per cent). The incidence of water-borne diseases remains very high due to poor hygiene practices. Burkina Faso is one of the countries in Africa where dracunculiasis (guinea worm disease) is endemic.

6. Since 1990, the country has been going through a process of democratization and a return to civilian rule. Following the adoption of a constitution and free elections, the Government commands a strong majority in Parliament, thus improving prospects for political stability and continuity. The country has been carrying out a structural adjustment programme since 1991. It is structural adjustment with a human face, judging from the measures taken to protect the most vulnerable groups and to avoid budgetary cuts and lay-offs of staff in social sectors such as health and education, for which budgets for investment and operational costs have increased. In 1991, abundant rainfall was favourable for agricultural production, leading to a 6 per cent increase in gross domestic product in real terms, while inflation was moderate.

Programme cooperation, 1991-1992

7. The programme of cooperation approved for 1991-1992 consisted of four sectoral areas: health; household food security; education; and water supply and sanitation. Nearly one half of the available resources were devoted to the health sector, with the expanded programme on immunization (EPI) as the main project. UNICEF provided vaccines, cold-chain and vaccination equipment, support for training and communications and some recurrent costs for EPI. Because immunization coverage increased but universal child immunization (UCI) was not achieved, corrective measures were introduced in 1991. These included focusing on children of under one year of age and making immunization a routine activity at all health centres. In the area of the control of diarrhoeal diseases (CDD), UNICEF provided oral rehydration salts (ORS) sachets, equipment and materials to over 400 oral rehydration centres and provided support for the training of 800 paramedical workers. Maternal health care and breast-feeding promotion helped to improve substantially prenatal and obstetrical coverage. In total, 167 peripheral health units and 2 maternity facilities were equipped and then medical staff trained. Communication and data collection activities were also carried out, and the "baby-friendly" hospital initiative was begun in two major cities.

8. A major move in the health sector in 1991 was the Government adoption of the Bamako Initiative strategy as a means of establishing a functioning primary health care (PHC) system. The result was the introduction, in 1992, of national

policies regarding essential drugs and community participation in financing and managing funds raised for the health system.

9. Food security and nutrition activities were geared towards the formulation of a national nutrition strategy. Community nutrition and rehabilitation centres and a unit for the production of local weaning foods were equipped; health staff at different levels were trained; support was provided to women's groups in dry-season gardening; and a survey on the relationship between diarrhoea, malnutrition and socio-economic factors was undertaken. An assessment of this programme in mid-1992 concluded that food security and nutrition programmes need to include more community-based interventions, to encompass both urban and rural areas, and to introduce a preventive approach.

10. Assistance to primary education included support for the implementation of the basic education plan of action, preparation for the World Conference on Education for All and for redefining the national basic education policy. A participatory survey on the socio-cultural aspects of girls' primary school attendance undertaken with parents and teachers identified the causes of under-enrolment and high drop-out rates for girls. A study on pre-school education revealed the need to agree on the purpose of garderies populaires (crèches) and to define material and financial conditions, as well as human resources, that will lead to the development of an affordable and effective system.

11. The rural water supply project provided potable water to 350,000 people through the construction or rehabilitation of water points equipped with hand-pumps. In 1991, the water programme was reoriented towards the eradication of dracunculiasis within the framework of the national eradication plan. The successful physical implementation of this programme did not always yield the expected social impact. Villagers still fetch water from polluted ponds for domestic use in communities that benefited from boreholes fitted with hand-pumps, which indicates that health education and sanitation activities need to be enhanced.

Lessons learned

12. The main lessons to be learned from the 1991-1992 programme of cooperation are that: (a) women must be a key concern in all projects; (b) interventions should be selective and should focus on replicability so as to multiply the effect of limited resources; (c) recipient communities should receive necessary information and knowledge so they can become more involved in programme formulation, financing and management; (d) coordination between various partners should be strengthened at the policy development level; and (e) support should be continued to strengthen national capability in planning and management.

Recommended programme cooperation, 1993-1994

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1993	1994	Total
Basic health	1 300	1 300	2 600
Basic education	220	220	440
Water supply and environmental sanitation	180	180	360
Community development and family support	380	380	760
Information and communication	225	175	400
Social planning, monitoring and evaluation	75	125	200
Programme support	370	370	740
Subtotal	2 750	2 750	5 500
Supplementary funding			
Basic health	1 407	1 625	3 032
Basic education	976	854	1 830
Water supply and environmental sanitation	950	950	1 900
Community development and family support	400	225	625
Social planning, monitoring and evaluation	390	330	720
Subtotal	4 123	3 984	8 107
Total	6 873	6 734	13 607

Programme strategy

13. The years 1993-1994 will be a transition period for planning and preparing the 1995-1999 programme of cooperation. The objectives identified for the year 1994 will be intermediate ones to those defined in the national programme of action (NPA) prepared by the Government as a follow-up to the World Summit for Children. The programme will pursue its objectives through (a) strengthening national capacities and promoting community participation, particularly with regard to planning, implementation, financing, management, follow-up and evaluation of social services and their sustainability; (b) concentrating interventions on disadvantaged areas in order to reduce geographical disparities and on young girls in order to reduce gender disparities; (c) enhancing national commitment and popular support and demand for child survival and development services; (d) consultation and coordination with all strategic partners (multilateral and bilateral cooperation agencies and non-governmental organizations (NGOs)) and integration of multisectoral activities in specific areas in order to avoid duplication, ensure synergy among various programmes and maximize the cost-effectiveness and impact of interventions; and (e) promoting decentralization in planning and implementation of programmes to enhance communities' sense of ownership.

Programme goals and objectives

14. In seeking to improve the well-being of children in Burkina Faso, the new programme will pursue the following objectives: (a) the reduction of IMR and MMR; (b) greater access of children, particularly girls, to basic education, in addition to improving the quality of basic education and reducing illiteracy, particularly for women; (c) eradication of dracunculiasis; and (d) enhancing national capacity to plan and implement social development initiatives.

15. The 1993-1994 programme of cooperation includes the following six sectoral areas of activity: (a) social planning, monitoring and evaluation; (b) information and communication; (c) basic health; (d) basic education; (e) water supply and sanitation; and (f) programme support.

Social planning, monitoring and evaluation

16. The purpose of this programme area is to improve social planning methods and programme follow-up and evaluation. Sectoral ministries involved in country programme implementation will be assisted in setting up an information gathering and analysis networks by gender and province. This will lead to a system for monitoring social indicators at national, provincial and community levels. National research institutes, communities and government departments will also receive assistance for training, participatory studies and evaluation.

Information and communication

17. Activities in this area will reinforce the country's information and communication capacity through utilization of modern and traditional media. Advocacy in favour of policies and programmes to achieve goals recommended by the World Summit for Children and adopted in the NPA will be supported. Communication and information efforts will be aimed at the public and decision makers so they can be better informed, aware and committed. UNICEF will provide assistance for the implementation of a series of consciousness-raising information and communication activities including seminars, workshops, media production and special events.

Basic health

18. The overall aim of the programme is to improve the country's bleak health situation. The main objectives are (a) to reduce the incidence and prevalence of diseases that contribute most to high IMR and MMR; and (b) to increase and maintain immunization coverage at 80 per cent.

19. These objectives will be achieved through strengthening the capacity of the health system in order to provide a set of essential services according to the principles of the Bamako Initiative. At 400 health centres, the programme will develop a health care system that will entail the provision of essential drugs, cost recovery, improvement of quality of care and community participation. Each health unit will provide the population with a minimum package of curative and preventive services including treatment of common ailments, immunization, oral rehydration therapy (ORT), pre- and post-natal care and maternity and family planning services. The programme will also implement communication and information activities aimed at containing the spread of sexually-transmitted

diseases (STDs) and acquired immunodeficiency syndrome (AIDS), focusing on young people between the ages of 10 and 19 years. Assistance will continue for the "baby-friendly" hospital initiative, concentrating on the major hospitals and the maternal and child health (MCH) centres in the two major towns, Ouagadougou and Bobo Dioulasso. UNICEF assistance will be in the form of support for training, supervision and policy development as well as basic supply and equipment.

Basic education

20. The programme aims to improve basic survival and development knowledge and skills, especially among women and girls. In order to achieve this goal, the programme will help to: (a) increase overall primary school attendance from 30 to 36 per cent and the attendance of girls from 23 to 28 per cent; (b) decrease the primary school drop-out rate to under 10 per cent; (c) increase the overall literacy rate from 16 to 28 per cent, with special attention to women; (d) double the number of children benefiting from early childhood development services offered to children between the ages of three and six years in pre-school facilities; and (e) lay the foundation for a universal primary education strategy through analysis, experiments and policy development. Education activities will be carried out through projects for primary education, women's literacy and early childhood development.

21. Under the primary education project, operational research will be carried out in order to understand better the causes of low enrolment rates, especially of girls, and appropriate policy options will be examined. Assistance will also be provided for the training of 3,800 teachers and 100 administrative agents of inspectors. The teacher-training curriculum will include teaching methods, planning and management, supervision of primary education and computer skills. Five provincial primary schools (inspections scolaires) will be provided with basic equipment, including computers and vehicles. This assistance will facilitate the work done by these institutions in the areas of supervision, data collection and analysis of the primary school system. The project will also develop a relevant curriculum which includes life skills such as Facts For Life, and produce and distribute pedagogical materials to teachers and pupils based on the new curriculum. Finally, UNICEF will assist the Government in implementing and preparing an experimental system of non-formal education for young girls and boys 8 to 14 years of age who do not have access to primary schools.

22. The literacy project will help to establish a policy for literacy and post-literacy activities that contribute to increasing the literacy rate from 16 to 28 per cent by the end of 1994. The project will be implemented in five provinces, although some activities will be implemented at the national level. Assistance will be provided to evaluate literacy activities conducted since 1983. Fifteen permanent literacy and training centres will receive basic equipment, and literacy animators will receive pedagogical materials.

23. The early childhood development project will receive UNICEF assistance to enable the Government to formulate a clear early childhood development policy that will encompass a community-based approach and redefine the objectives and the place of pre-school education within the framework of basic education; and expand technical capacity to offer appropriate early childhood care.

Water supply and environmental sanitation

24. The activities related to dracunculiasis eradication will be used to decrease the incidence and prevalence of diarrhoea-related diseases in children under five years of age, in addition to reducing the incidence of dracunculiasis by 75 per cent in the villages served by the programme within one year, and by 90 per cent in two years. The strategy will be to obtain the cooperation and support of other partners to include the eradication of dracunculiasis in their water and health programmes, while UNICEF concentrates its intervention in villages with no other external assistance. UNICEF assistance is to be provided in the form of material, equipment and support for studies and monitoring. Training and social mobilization will facilitate implementation of key activities, including mapping the essential characteristics of all the villages with endemic dracunculiasis, creating water points to supply potable drinking water in those villages, and providing adequate sanitation facilities and health education to induce behavioural changes with regard to environmental and personal hygiene, and water treatment to eradicate dracunculiasis in endemic villages. Two experimental initiatives, one urban and one rural, will lay the basis for the establishment of a national policy related to a healthy environment.

Community development and family support

25. The aim of the programme is to empower families and communities to be the main agents of child survival, protection and development. By supporting participatory mechanisms in the village and the dissemination of relevant information and knowledge, the programme will help to improve family and community involvement in the areas of household food security, nutrition, and children and women in especially difficult circumstances. Relevant training activities will be organized to increase qualified human resources in the villages, strengthen interaction between beneficiaries and services, and improve local capacity to mobilize and organize development activities. Particular attention will be paid to enhancing women's status in relation to their role in the development of the family, community and country.

Programme support

26. Provision is made for the overall staffing, logistics and operational needs of the programme of cooperation. These and other cross-sectoral requirements such as general programme communication and mobilization, evaluation and social statistics seen as critical to the implementation of the programme will be financed from an allocation for programme support.

II. DJIBOUTI

Basic data (1991 unless otherwise stated)

Child population (thousands, 0-15 years)	215
U5MR (per 1,000 live births)	161
IMR (per 1,000 live births)	115
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	740
Literacy (%, male/female)	51/28
Primary school enrolment (%, net, male/female)	57/44
Percentage of grade 1 reaching grade 4 (1988)	89
Access to safe water (%) (1990)	82
Access to health services (%) (1990)	86
GNP per capita (1986)	$475

One-year-olds fully immunized against:

tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	88 per cent
measles:	86 per cent
poliomyelitis:	88 per cent

Pregnant women immunized against:

tetanus:	80 per cent

The situation of children and women

27. A regular country programme recommendation for Djibouti will be submitted to the Executive Board in 1994. The current programme, which was approved by the Executive Board in 1988 for the period 1989-1993 (E/ICEF/1988/P/L.18) will run out of funds by the end of 1993. The present recommendation for a short bridging programme is being presented to the Executive Board in order to maintain continuity and to meet the needs of children and women in Djibouti for the period January to April 1994, when the new country programme will come into effect.

28. Djibouti is faced with challenges caused by its limited resources, demographic composition and geographical location. Its IMR, U5MR and MMR (115 per 1,000 live births, 161 per 1,000 live births and 740 per 100,000 live births, respectively) are among the highest in the world. It is also affected by the effects of the global recession, structural adjustment policies and the pressure of internal conflict and of the emergencies in the Horn of Africa. Health problems in Djibouti are similar to those in neighbouring countries and include high incidences of tuberculosis, diarrhoea-related dehydration, acute respiratory infections (ARI) and STDs. Primary school enrolment and literacy are modest, with a notable gender gap.

29. Despite internal and regional political unrest and a deteriorating economy, the Government of Djibouti has consistently maintained children and women at the top of its political and technical agendas and has taken concrete measures to translate this commitment into reality.

30. The Djibouti NPA was one of the first to be launched, on 30 September 1992. It aims to maintain and reinforce gains in maternal and child survival and development by focusing on priority areas of health and nutrition and intensifying the use of national capacities through social mobilization, while addressing the impact of the Horn of Africa emergency on the country's social sector. The NPA identifies human resource development as a main area of government concern which is to be achieved through the expansion of basic education and the training of middle-level managers. These objectives have been incorporated in the 1991-1995 National Development Plan and the 1990-2000 Economic and Social Law. The Government is actively pursuing its efforts to implement the Convention on the Rights of the Child by progressively adopting and implementing legal provisions for this purpose. In November 1992, the Government participated in the League of Arab States high-level meeting on child welfare, protection and development, as well as in the International Conference on Assistance to African Children.

Recommended programme cooperation, 1994

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1994
Health	117.3
Water supply and sanitation	46.0
Women in development	50.0
Programme support	36.7
Total	250.0

31. In 1992, the Executive Board approved an amount of $954,000 from general resources for the period 1992-1993 to cover the short-fall in approved funds resulting from increased programme implementation and an increase in planning levels (E/ICEF/1992/P/L.39). Since the inception of the present programme of cooperation in 1989, significant progress has been achieved in the reduction of diarrhoeal diseases and in the control of malnutrition and ARI among children under the age of five years. UCI was achieved in 1990 for all antigens. UNICEF and the World Health Organization (WHO) are jointly supporting the Government's plan to decentralize basic health services to reach unserved populations in rural districts and poor urban slums. The number of health centres was raised from 18 in 1986 to 34 in 1991, increasing access to health services to 86 per cent.

32. The maternal health programme has yielded good results. Births in maternity wards and through trained midwives has increased to 75 per cent, a 35 per cent increase since 1987. Newly trained traditional birth attendants

(TBAs) have played an important role by promoting prenatal care and attending home deliveries. Furthermore, 85 per cent of women of child-bearing age have received tetanus toxoid vaccination as part of the immunization programme. Bilateral agencies, particularly the Italian Cooperation Mission, as well as national and international NGOs are supporting the MCH programmes. UNICEF assistance includes the provision of MCH supplies and essential drugs and support for the training of over 50 health workers and 310 TBAs.

33. A national functional literacy programme, with a particular focus on young women and girls, was launched on 19 October 1991. The United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF and the Government of France are jointly supporting this Ministry of Education programme, which draws on the resources of the formal education sector to teach literacy, numeracy and Facts for Life messages to adults across the nation. The Union des Femmes Djiboutiennes (Union of Djiboutien Women) is an active partner in this programme.

34. The unabated influx of refugees and the displaced threatens these newly acquired gains as it continues to tax Djibouti's resources. In the health sector, 70 per cent of the capacity is reportedly utilized by non-nationals, mostly women and children. The Government, together with UNDP, WHO and UNICEF, is assessing the rapidly changing socio-economic environment in the light of current events, including the democratization process and regional developments. Results are expected towards the end of 1993.

35. The new five-year programme of cooperation between the Government and UNICEF, to be submitted to the 1994 Executive Board, will reflect Government priorities and commitments as outlined in the NPA, as well as UNICEF global priorities. Special attention will be given to basic education and assistance to children in especially difficult circumstances in urban slums. In the interim, UNICEF will continue to support government programmes for MCH, AIDS control and women's development. UCI will be sustained through the provision of supplies and the training of staff, while nutrition activities, breast-feeding and the "baby-friendly" hospital initiative will be pursued through training, the production of advocacy material and the dissemination of Facts for Life. UNICEF assistance will continue to be provided for the training of TBAs, the provision of essential drugs and vitamins, the development and expansion of education and literacy activities for girls and young women, and sanitation and hygiene activities in the urban slums.

III. PARAGUAY

Basic data (1991 unless otherwise stated)

Child population (millions, 0-15 years)	2
U5MR (per 1,000 live births)	59
IMR (per 1,000 live births)	48
Underweight (%, moderate and severe)	4
Maternal mortality rate (per 100,000 live births) (1989)	300
Literacy (%, male/female)	92/92
Primary school enrolment (% net, male/female)	93/92
Percentage of grade 1 reaching grade 4 (1988)	57
Access to safe water (%) (1990)	34
Access to health services (%) (1990)	61
GNP per capita (1986)	$1,210

One-year-olds fully immunized against:

tuberculosis:	93 per cent
diphtheria/pertussis/tetanus:	79 per cent
measles:	74 per cent
poliomyelitis:	79 per cent

Pregnant women immunized against:

tetanus:	54 per cent

Background

36. The country programme for Paraguay for the period 1989-1993 was approved by the Executive Board in 1989 (E/ICEF/1989/P/L.13) in the amount of $1.5 million from general resources. The annual planning level for Paraguay was increased to $750,000 in 1991 and to $1.2 million from 1993 onwards. The increase in the planning level and the support of the Government to programmes for improving the situation of children and women have enabled the Government and UNICEF to accelerate implementation of the country programme. Additional funds in the amount of $1,371,000 are being requested to make it possible for the country programme to carry out normal programme activities in 1993 and 1994. A new country programme recommendation will be presented to the Executive Board in 1994 for the period 1995-1999. The current programme of cooperation includes four major components: health; nutrition; water supply and sanitation; and social communication and mobilization. Activities to be continued in these areas in 1993 and 1994 are briefly described below.

Recommended programme cooperation, 1993-1994

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1993	1994	Total
Health	-	628	628
Education	86	262	348
Nutrition	49	116	165
Children in especially difficult circumstances	36	30	66
Social communication	-	41	41
Programme support	-	123	123
Total	171	1 200	1 371

Health and nutrition

37. The health and nutrition programme responds to several government priorities: improvement in basic health service; promoting UCI; CDD; and the reduction of iodine deficiency disorders (IDD).

38. UNICEF will continue to support government efforts to reduce morbidity and mortality in children under five years of age caused by diarrhoeal diseases, vaccine-preventable diseases, ARI and malnutrition, as well as to reduce the incidence of low birth weight. This programme entails the strengthening of the capacity of the Ministry of Health to increase immunization coverage to 90 per cent of children under one year of age. Improvement of knowledge about the use of ORT is accompanied by the distribution of 1 million ORS packets and the establishment of 8,000 oral rehydration units. UNICEF is assisting the training of health personnel at different levels and equipping more than 400 health centres in poverty zones. Support is being provided to training and the production of educational material on prevention of ARI as well as on AIDS.

39. Cooperation in nutrition is aimed at promoting breast-feeding, adequate weaning foods and the use of growth charts and nutrition surveillance. "Baby-friendly" hospital activities will be continued at the hospitals of the Paraguayan Red Cross, San Pablo and the National Hospital of Itaugua. UNICEF is contributing to the control of IDD, particularly among school-age children and pregnant women, through the distribution of iodine capsules, the control of imported salt and the distribution of iodized salt. The Catholic Church and some NGOs have been involved in social mobilization and extension of services for monitoring child growth and development.

Basic education

40. UNICEF supports activities related to early child care and development and the diffusion of Facts for Life. Based on the successful experience of the Mitai Roga pre-school community centres, pre-school facilities are being expanded to serve about 150,000 children under five years of age living in rural

areas. The National Coordinating Committee of the Council for Educational Reform is receiving technical support to assess and develop policy alternatives to respond better to political and economic changes in the country. One concern is about improving the quality of teaching and learning in the first grade, which has especially high drop-out and repetition rates. Literacy courses and courses based on Facts for Life are being supported in selected states. These activities are conducted through both schools and non-formal channels such as community associations, churches and NGOs.

Children in especially difficult circumstances

41. This project supports the formulation of national policies and actions, based upon the Convention on the Rights of the Child, to guarantee access to basic education, health services and better nutrition for children in especially difficult circumstances. Emphasis is placed on the protection of working children and street children. Financial assistance is provided to strengthen institutional capacity through the training of "street educators" and advocacy and social mobilization. Demonstration projects run by local NGOs aimed at street children and working children are supported in Asunción.

Social communication

42. UNICEF is supporting mass awareness campaigns on the principles set forth in the Convention on the Rights of the Child as well as on the situation of children and women. Assistance is provided to the Social Communication Unit of the Ministry of Health to promote awareness and practices related to CDD, cholera and micronutrient deficiencies. The production of educational materials for newspaper, television and radio is especially emphasized.

Cooperation with other United Nations agencies

43. The country programme runs concurrently and, in many cases, in direct collaboration with the programmes of other United Nations agencies. The World Food Programme (WFP), the United Nations Population Fund (UNFPA) and the Pan American Health Organization (PAHO)/WHO are members of the country programme coordinating committee, along with representatives of the national Government. As such, these agencies actively participated in the formulation of the programme. Equally, UNICEF has been involved in the planning processes of other agencies, particularly the UNDP human development initiative. Close cooperation exists with PAHO/WHO on child survival and women's health activities; with UNDP and WFP in salt iodization and iodized oil capsule distribution; and with UNFPA in the area of maternal health. Activities in education are coordinated with UNESCO, the World Bank and UNDP in relation to the government commitment to Education for All by the Year 2000. Close collaboration is maintained with other groups such as the Peace Corps, Friends of America, Rotary International, the Junior Chamber of Commerce, and Radda Barnen.

IV. ZAIRE

Basic data (1991 unless otherwise stated)

Child population (millions, 0-15 years)	22.1
U5MR (per 1,000 live births)	180
IMR (per 1,000 live births)	117
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	800
Literacy (%, male/female)	84/61
Primary school enrolment (% net, male/female)	67/53
Percentage of grade 1 reaching grade 4 (1988)	77
Access to safe water (%) (1990)	33
Access to health services (%) (1990)	26
GNP per capita (1986)	$220

One-year-olds fully immunized against:

tuberculosis:	67 per cent
diphtheria/pertussis/tetanus:	35 per cent
measles:	38 per cent
poliomyelitis:	34 per cent

Pregnant women immunized against:

tetanus:	24 per cent

The situation of children and women

44. Of Zaire's 36 million people, about 60 per cent are children under 15 years of age, and about 18 per cent are children under five years of age. The World Bank projects an annual population growth of 3 per cent from 1992 until the end of the century, which would produce a population of 50 million by the year 2000. Some 61 per cent of the population live in rural areas, but the proportion of the population in urban areas has grown substantially as people move to towns in search of work and away from farming communities, long starved of investment. A new political administration was established by law, dividing the country into 10 economically and administratively autonomous regions plus the capital.

45. Despite its vast natural resources, Zaire was classified by the World Bank as the world's twelfth poorest country in 1992, with a per capita GNP of just $220. Zaire is facing one of the worst social, economic and political crises of its history. Sudden massive unemployment, hyperinflation of food prices and intermittent paralysis of social services and basic infrastructure are taking a frightening toll on the country's children. The explosion of the money supply and the widespread shortages of basic commodities have resulted in hyperinflation. The Institut national de la statistique has announced an overall 1991 inflation rate of 4,228 per cent.

46. Most foreign assistance was frozen following the political turmoil in September 1991. The collapse of the economy has greatly affected the income of poor families and has also resulted in the marginalization and disintegration of families, affecting children especially hard. In addition, the situation is worsening for some 30,000 children under 15 years of age who work in diamond and gold mines or accompany their parents to the mines, where they are victims of physical and psychological abuse. The full impact of the crisis on children and women is still unknown, partly because the country lacks a system for monitoring changes in living conditions, particularly those of the poor, and because the situation is changing so rapidly. Children and women in Zaire, who are vulnerable and unprotected, are today living in a virtual state of emergency.

47. IMR was estimated at 117 per 1,000 live births in 1991, but there are regions of the country (Kivu, Shaba and Kasaï) where the rate exceeds 130. MMR exceeds 800 per 100,000 live births. AIDS is quickly becoming a major killer. Studies in Kinshasa have shown an 11 per cent human immunodeficiency virus infection rate in pregnant women. Two out of five children between 6 and 11 years of age have no access to primary school, while only 42 per cent of girls attend primary education. Although water is present in the whole of Zaire, only 39 per cent of urban and 17 per cent of rural families have access to safe drinking water.

48. The country is engaged in a process of establishing a Government following the establishment of a National Sovereign Conference in June 1992. The different commissions of the Conference have presented outline proposals for a democratic third republic Government. The newly appointed transition Government inherited an administration characterized by mismanagement, an underpaid civil service and demoralized staff, which will make the tasks ahead very difficult and their implementation uncertain.

Programme of cooperation, 1991-1992

49. The 1991-1992 programme of cooperation sought to reduce IMR, U5MR and MMR and to ensure the survival and well-being of children. Strengthening managerial and supervisory capacity at subnational and community levels and improving the delivery of basic health education, and water supply and sanitation services were among the key strategies of this programme.

50. The September 1991 unrest resulted in a deterioration of the situation in the country and brought many public services to a standstill. Schools closed, and some have not yet reopened; health service facilities often are not functioning; and various social development programmes ground to a halt especially because of the withdrawal of support from bilateral cooperation. Reflecting this new situation and the constraints it imposed, some changes were made in the 1991-1992 programme structure. New interventions were introduced to make the programme more responsive to immediate priority needs in the context of a region-focused strategy. The UNICEF programme of cooperation is being implemented essentially as an emergency programme concentrating only on few priority sectors.

51. The health and nutrition programme received substantial financial support from the United States Agency for International Development (USAID) and Rotary International in 1992. Within an emergency programme designed with the

collaboration of various NGOs, the health programme continued to provide urgently needed essential drugs and medical equipment to keep the health service facilities functioning and to make vaccines and cold-chain and vaccination equipment available at the regional level. In April 1991, the first national evaluation of vaccination coverage in the 11 regions of the country was carried out with technical and financial support from USAID, WHO, Rotary International and UNICEF. It showed that actual coverage was lower than reported by routine data. Global vaccination coverage for children 12-23 months old was 23 per cent, with 67 per cent for tuberculosis, 35 per cent for combined diphtheria/pertussis/tetanus, 34 per cent for polio and 39 per cent for measles.

52. Support for the prevention of malaria included the purchase of chloroquine tablets and training. Nutritional studies were carried out in the northern regions of the country. IDD problems were identified and UNICEF assistance helped to create the National Institution for IDD Control. The project "4,000 forages", partly financed by USAID, has up to now drilled and equipped 215 wells with hand-pumps in the Shaba region, serving approximately 150,000 people. Construction of private and community latrines has been conducted at public health centres, schools and individual premises. UNICEF also supported the city of Kinshasa garbage disposal project.

53. Due to prevailing conditions, educational assistance concentrated on PHC by promoting information in primary school and in teacher training about Facts for Life. At the regional level, teaching materials were provided for primary schools and teacher-training activities. With regard to children in especially difficult circumstances, advocacy and awareness-raising actions were undertaken on the principles of the Convention on the Rights of the Child.

54. Over the years, the Government, mostly unable to carry out its normal responsibilities, has relied on bilateral and multilateral cooperation as well as on NGOs to finance and, in most cases, implement social development programmes. UNICEF continued to urge national authorities at both leadership and operational levels to assume more responsibilities in programme implementation. At the same time, UNICEF has established good collaboration with NGOs, churches and organized groups at the community level, which are playing an increasing role in programme execution.

Lessons learned

55. Difficulties encountered during the implementation of the programme included: (a) the unequal distribution of basic infrastructure and social services; (b) problems with intersectoral cooperation at the grass-roots level; and (c) the breakdown of government functions and the poor morale and motivation of government personnel. These difficulties spurred alternative ways to sustain development activities, including strategies such as grass-roots development, community financing, decentralization and community participation.

56. UNICEF recognizes the need to make efficient use of scare resources so as to achieve a lasting and sustainable impact through more integration and complementary action at the regional level and improved targeting in a number of selected health zones. Taking into account refugees from Angola, Burundi, Rwanda, the Sudan and Uganda, there is a need to share information and coordinate with neighbouring country offices, especially for using these offices

as supply entry points for Zaire. The need to strengthen evaluation and monitoring of the activities was also indicated.

Recommended programme of cooperation, 1993-1995

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1993	1994	1995	Total
Health	1 500	1 821	1 821	5 142
Nutrition	311	339	339	989
Education	744	744	744	2 232
Water supply, sanitation and environment	1 410	960	960	3 330
Children in especially difficult circumstances	180	188	188	556
Social mobilization and advocacy	217	248	248	713
Planning and social policies	186	248	248	682
Programme support	2 272	2 272	2 272	6 168
Subtotal	6 820	6 820	6 820	20 460
Supplementary funding				
Health	2 113	3 000	-	5 113
Nutrition	600	600	-	1 200
Education	500	700	-	1 200
Water supply, sanitation and environment	720	1 510	-	2 230
Subtotal	3 933	5 810	-	9 743
Total	10 753	12 630	6 820	30 203

Programme strategies

57. The overall goal of the proposed programme is to improve the situation of Zairian children and women by developing a series of mutually supportive services. Recognizing the high mortality and malnutrition rates, the bridging programme seeks to reduce IMR and U5MR from 117 and 180 per 1,000 live births, respectively, to 80 and 140; and to reduce MMR to below 600 per 100,000 live births. In pursuit of these objectives, attention will be given to gender disparity reduction, capacity-building, community participation, convergence of services, monitoring and evaluation, and joint programming with NGOs.

58. Given the crisis situation confronting children and women in Zaire, it is a serious challenge even to maintain the level of current social services. Present circumstances have led to a search for innovative ways to redirect investments so as to sustain coverage and enhance programme implementation.

59. To improve cost-effectiveness, programme activities will be concentrated geographically in six regions, within areas of influence of the three UNICEF outposted sub-offices at Bukavu (North and South Kivu and Maniema regions), Mbujimayi (East and West Kasai regions) and Lubumbashi (Shaba region). Actions will be directed towards an integrated service response to locally identified needs, using the health zones as a channel to reach communities.

60. Capacity-building will be supported through the training of community development committees, organized groups and existing government social sector personnel aiming at community self-help. At the regional level, support to planning, management and logistics in the social sectors will be provided in order to reinforce the capacity of the Government, NGOs and other institutions involved in social development at this level.

61. Improvement of planning and programme monitoring will be achieved in the six target regions and 32 health zones through a programme to strengthen planning and social statistics focusing on children under five years of age, those 6 to 12 years of age, and adolescents and women. Special emphasis will be placed on mobilizing rural communities and assisting them in identifying problems, planning how to solve them and providing inputs for implementing selected activities.

62. The main components of the bridging programme of cooperation are: health; nutrition; education; water supply and sanitation, including environmental concerns; and children in especially difficult circumstances. These are supported by action in planning and policy development and social mobilization.

Basic health

63. In order to increase access, utilization and the quality of health care, an integrated PHC approach will be developed and implemented in selected health zones. The Bamako Initiative strategy will be developed to revitalize health structures at the local level and to promote community participation through an integrated framework involving projects such as water supply and women in development. Health workers at health zone levels will be retrained on the organization and delivery of basic services, with particular attention to coordinating MCH components and integrating preventive and curative aspects, including health education for families. CDD, ARI, malaria control and safe motherhood activities will be implemented, utilizing the Bamako Initiative strategy as an entry point. AIDS education will be incorporated into school activities and a social communication programme will be aimed at influencing behavioural changes.

Nutrition

64. The nutrition programme seeks the elimination of acute malnutrition and the reduction of chronic malnutrition. Activities will be concentrated in the six regions covered by the established UNICEF sub-offices and will focus on nutrition surveillance, growth monitoring, the promotion of traditional foods and operational research. The implementation of strategies on micronutrient deficiencies will be promoted through advocacy and the necessary technical, financial and material support to the Ministry of Health.

Education

65. The education programme will be implemented within the framework of a sector improvement programme financed by the World Bank which aims to restore the quality of education in Zaire. Programme activities will concentrate on support to primary education through the provision of technical assistance and learning materials. Studies on promoting education of the young girl and women's literacy will also be supported. Community school linkages involving family participation in the education of children at rural level will be carried out based on an earlier experience in Bikoro. NGOs will be assisted in enhancing the income-generating capacity of families.

Water, sanitation and environment

66. The programme will concentrate on low-cost technologies for water supply and sanitation to be installed at schools, health posts and communities to serve 800,000 people. An environment component will be developed, including garbage disposal and environmental education, to address the major public health problems. The programme will strengthen the capacity of health zones to accelerate access to safe water through appropriate technical options which will be selected, including the development of low-cost drilling methods and using a community-based approach. Appropriate latrine designs that are affordable and easy to maintain will also be promoted. The formation of village committees will be supported through training, with the active promotion of women members.

Children in especially difficult circumstances

67. This programme pursues the following objectives: (a) encouragement and mobilization of public support for protection and development of children living under especially difficult circumstances; (b) studies and evaluations to determine their present condition, numbers and categories; and (c) reinforcing the capacities of NGOs and government institutions working with such children.